Impact de la remise d'une information écrite au cours de la consultation en médecine de premier recours par le professionnel de santé sur les connaissances, attitudes et comportements des patients : une revue de littérature

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AVERTISSEMENT

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IMPACT DE LA REMISE D'UNE INFORMATION ECRITE AU COURS DE LA CONSULTATION EN MEDECINE DE PREMIER RECOURS PAR LE PROFESSIONNEL DE SANTE SUR LES CONNAISSANCES, ATTITUDES ET COMPORTEMENTS DES PATIENTS : UNE REVUE DE LA LITTERATURE.

THESE PRESENTEE POUR L'OBTENTION DU DOCTORAT EN MÉDECINE

DES de MÉDECINE GÉNÉRALE

Par

Alix ISAAC (MANDIL)
Née le 19 Février 1985 à Nîmes

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DEVANT LE JURY COMPOSE DE

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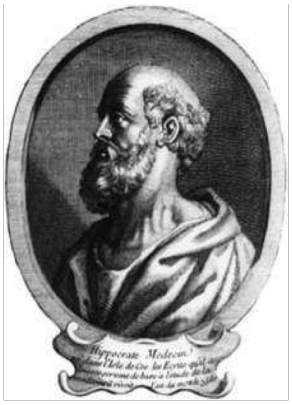

SERMENT D'HIPPOCRATE

Au moment d'être admis à exercer la médecine, je promets et je jure d'être fidèle aux lois de l'honneur et de la probité.

Mon premier souci sera de rétablir, de préserver ou de promouvoir la santé dans tous ses éléments, physiques et mentaux, individuels et sociaux.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans aucune discrimination selon leur état ou leurs convictions.

J'interviendrai pour les protéger si elles sont affaiblies, vulnérables ou menacées dans leur intégrité ou leur dignité.

Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences. Je ne tromperai jamais leur confiance et n'exploiterai pas le pouvoir hérité des circonstances pour forcer les consciences.

Je donnerai mes soins à l'indigent et à quiconque me le demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admis dans l'intimité des personnes, je tairai les secrets qui me seront confiés. Reçu à l'intérieur des maisons, je respecterai les secrets des foyers et ma conduite ne servira pas à corrompre les mœurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement les agonies. Je ne provoquerai jamais la mort délibérément.

Je préserverai l'indépendance nécessaire à l'accomplissement de ma mission.

Je n'entreprendrai rien qui dépasse mes compétences. Je les entretiendrai et les perfectionnerai pour assurer au mieux les services qui me seront demandés.

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SOMMAIRE

LISTE DES ABREVIATIONS

FIP : Fiche Information Patient

PIL : *Patient Information Leaflet*

MG : Médecin Généraliste

GP : *General Practionner*

HAS : Haute Autorité de Santé

AHRQ : *Agency for Healthcare Research and Quality*

BU : Bibliothèque Universitaire

BIUS : Bibliothèque Inter-Universitaire de Santé

AKOS : Traité de Médecine issu de l'Encyclopédie Médico-Chirurgicale (EMC)

RUGBIS : Catalogue de la BU santé de Grenoble

MeSH : *Medical Subject Headings* (thésaurus biomédical de référence)

CISMeF : Catalogue et Index des Sites Médicaux de langue Française (faculté de Rouen)

ECR : Essai Contrôlé Randomisé

RL : Revue de la littérature

MA : Métanalyse

OR : Odds Ratio

IC : Intervalle de Confiance à 95 %

RR : Risque Relatif

MD : *Mean Difference* (différence des moyennes)

SMD : *Standard Mean Difference* (différence des moyennes standardisée)

DT : Douleur Thoracique

AINS : Anti-Inflammatoire Non-Stéroïdien

IDE : Infirmier(e) Diplomé(e) d'Etat

RDV : Rendez-Vous

DES : Diplôme d'Etudes Spécialisées

INTRODUCTION

La médecine est une science humaine, pétrie de relationnel. (1)

Le médecin généraliste travaille donc avec ses patients aux multiples dimensions (1), à l'élaboration d'une décision thérapeutique associée à une prévention individuelle adaptée à chacun (1,2).

La relation entre un malade et son médecin est un déterminant de l'efficacité des soins sous tendue par le phénomène d'*observance* et surtout de *non observance* (1,3). Ce dernier est analysé afin d'améliorer l'exercice médical. Il peut être un acte conscient ou non mais trouve parfois son origine dans l'incompréhension et le manque de connaissances.

La loi sur les droits des malades du 4 mars 2002 (4), impose à chaque médecin d'informer ses patients sur les traitements proposés. L'absence d'information peut être sanctionnable en cas d'aléa thérapeutique. Il faut voir ce changement comme une évolution vers le partage des décisions et non comme l'émergence d'une médecine défensive. Ainsi le patient est passé « du consommateur de soins passif au citoyen responsable » (5,6). Le législateur place le patient au centre du système de santé, au sein d'une relation patient-médecin plus égalitaire.

Une fonction importante du généraliste consiste ainsi à faire le lien entre le monde profane et le monde de la technique médicale (1). Il doit chercher à créer un espace de liberté qui permette au patient d'être partie prenante de sa santé sur le long terme. Une communication et une information performantes avec le malade déterminent donc la réussite de la prise en charge. Malheureusement, les patients oublient la moitié de ce qui vient d'être dit cinq minutes après la consultation (7).

Très peu d'auteurs se sont attelés à faire un état des lieux de la situation. Ainsi, notre travail, sous la forme d'une revue de la littérature, analyse l'impact de la remise d'une information écrite au cours de la consultation en médecine de premier recours par le professionnel de santé sur les connaissances, attitudes et comportements des patients.

METHODE

Stratégie de recherche et banques de données sources :

Dans un premier temps, afin de cerner la problématique, nous avons effectué une recherche sur l'encyclopédie médico-chirurgicale en interrogeant le traité de Médecine AKOS (8). Puis nous avons axé nos recherches sur le catalogue RUGBIS (9) afin d'affiner nos critères de sélection. Finalement, nous avons fait une recherche bibliographique sur les banques de données informatisées suivantes : MEDLINE, COCHRANE LIBRARY, WEB OF SCIENCE, PASCAL, ERIC, FRANCIS, GOOGLE SCHOLAR, TRIPDATABASE, PUBPSYCH et la BDSP (Annexe 1). La recherche sur MEDLINE s'est faite via le portail CISMeF afin d'inclure tous les synonymes existants pour chaque équation de recherche. Aucun filtre sur les périodes d'interrogation n'a été utilisé.

Les termes MeSH utilisés pour construire l'équation de recherche ont été :

- pour la première partie : « *pamphlet* » et ses synonymes, « *fiche information patient* » (FIP) avec la traduction et les synonymes via le portail CISMeF,
- pour la seconde partie : « *guideline adhérence* », « *patient education as topic* », « *self care* », « *patient acceptance of health care* » et « *patient participation* »,
- et pour la dernière partie : « *general practice* », « *ambulatory care* », « *primary health care* », « *family practice* », « *physician-patient relation* » et « *emergency service* ».

Nous avons ainsi créé trois équations que nous avons ensuite croisées dans le moteur de recherche avec « *AND* » pour obtenir notre équation de recherche finale (Annexe 2 et 3). Afin d'améliorer la pertinence de cette équation, nous avons regardé tous les mots clés MeSH ayant servi à indexer ces articles et nous les avons ajoutés à notre équation initiale lorsque cela était nécessaire.

Chaque banque de données a été interrogée pour la dernière fois comme spécifié dans les annexes, dont les principales le 26 mai 2014. L'équation de recherche MEDLINE a été enregistrée et une alerte e-mail nous informait chaque semaine d'éventuelle nouvelle publication sur le sujet. Il en était de même avec GOOGLE SCHOLAR.

Afin de mener une recherche exhaustive et d'augmenter la qualité de notre travail, une recherche parallèle a été faite auprès de la BIUS (10) qui a reproduit de façon indépendante la recherche. Ainsi les bases de données EMBASE et CAIRN payantes à Grenoble ont pu être interrogées.

Pour ne pas méconnaître d'article important, nous avons passé en revue les références bibliographiques des articles lus y compris si *in fine* nous ne retenions pas l'article en question. Toute référence pertinente a été ajoutée aux articles à étudier.

Nous nous sommes appuyés sur l'expérience de documentalistes de la BU Médecine-Pharmacie de Grenoble tout au long de notre travail : initialisation du travail, construction de l'équation de recherche, bases de données à interroger.

Tous les résultats de la recherche bibliographique sont détaillés en annexe (Annexe 4).

Critères de sélection :

Nous avons inclus les publications de métanalyses, revues de la littérature systématique ou non, essais contrôlés randomisés (ECR) et les publications ayant rempli les critères de l'échelle CONSORT avec moins de 20% d'items négatifs. Ce seuil de 20% a été fixé en s'appuyant sur le seuil admis de perdus de vue dans une étude, ainsi que du calcul de la puissance d'une étude. Afin de procéder à l'inclusion de ces études, nous nous sommes attachés à analyser dans un premier temps les titres et les résumés, puis la méthode et enfin le texte intégral si tous les éléments antérieurs étaient cohérents. Pour être retenus, la remise de l'information écrite devait avoir lieu en médecine de premier recours : cabinet médical ou

service d'urgence. Nous avons essayé d'obtenir le texte complet pour chaque article validé. Ceux pour lesquels cela n'a pas été possible et après avoir contacté un des auteurs ont été exclus.

En nous appuyant sur les recherches de Downie et Tannahill et leur approche traditionnelle puis moderne de l'éducation pour la santé (11), nous avons décidé de construire notre plan de la section « RESULTATS » selon trois axes : *connaissances*, l'intention de procéder au changement ou *attitudes* et le moyen mis en œuvre par le patient qui se traduit en *comportements*. Et cela pour chaque sous-section en fonction du type de situation : aiguë, chronique, prévention…

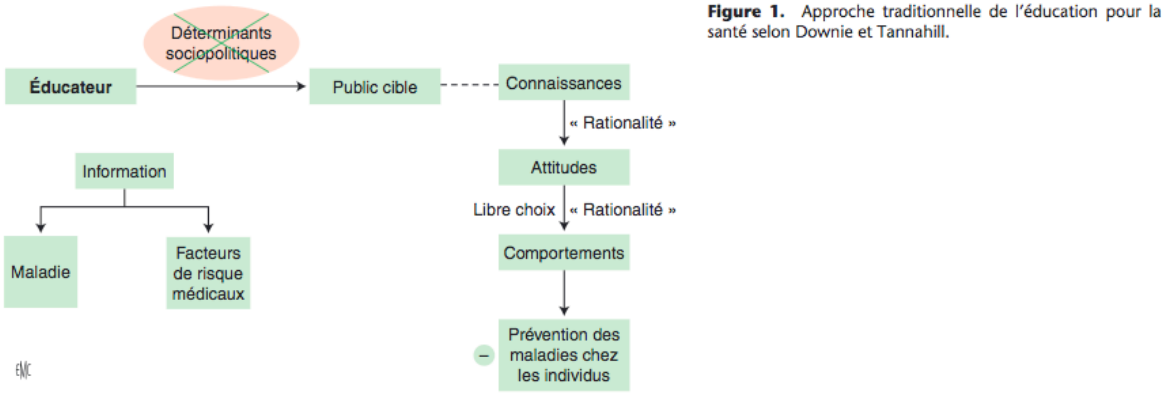

Figure 1. Approche traditionnelle de l'éducation pour la santé selon Downie et Tannahill.

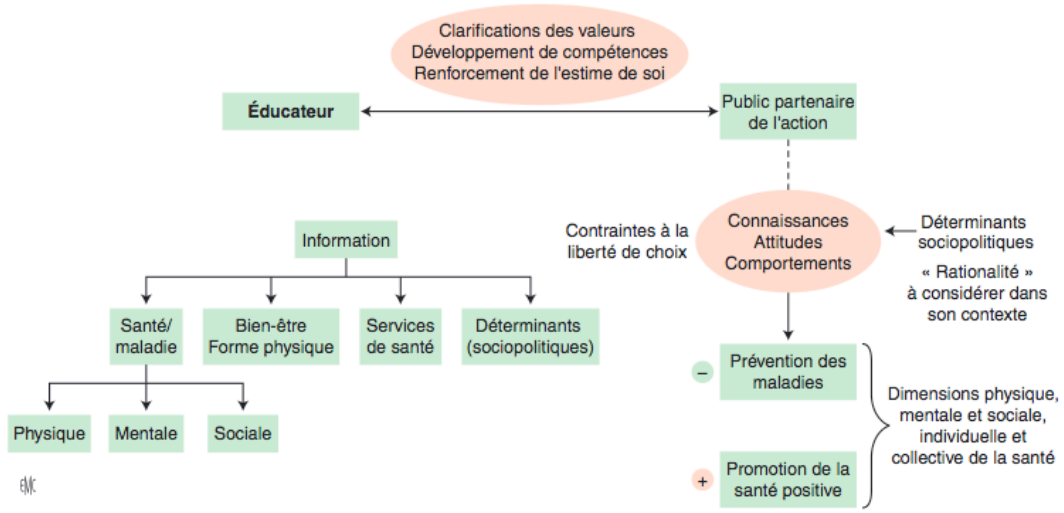

Figure 2. Approche moderne de l'éducation pour la santé selon Downie et Tannahill.

Toutes les publications retenues, s'attachent donc à déterminer l'impact des FIP selon cette condition triple.

Nous avons choisi de ne pas aborder la question de la satisfaction car cette dernière a largement été étudiée par de nombreux auteurs.

Nos recherches se sont limitées aux textes publiés en français, anglais et italien pour des raisons de compréhension et d'analyses des résultats en langue étrangère.

Qualité méthodologique des articles retenus et évaluation du risque de biais :

Toutes les études ont été analysées d'un point de vue méthodologique, recherchant les biais potentiels et évaluant leurs cohérences interne et externe selon l'échelle CONSORT pour les essais contrôlés randomisés (ECR) (12,13) (Annexe 5) et selon l'échelle PRISMA pour les métanalyses et les revues de la littérature (14) (Annexe 6). Nous avons exclu les ECRs ayant une méthode trop faible ne nous permettant pas de conclure à propos de l'effet testé. Nous avons conservé toutes les métanalyses et revues de littérature correspondant à notre problématique, nous permettant ainsi de comparer notre travail à leurs résultats.

Collecte et gestion des données :

Nous avons construit un tableur pour résumer les données pertinentes retrouvées dans chaque article étudié (Annexe 7). Les données ont été extraites manuellement.

L'ensemble des titres, résumés et méthodes a été lu par deux chercheurs indépendants. Tous les articles retenus ont fait l'objet de discussions et d'une vérification de la qualité méthodologique lors de réunion de travail entre chercheurs.

Aucune lecture d'article ne s'est faite à l'aveugle du nom de l'auteur ou du journal de publication.

RESULTATS

Les équations de recherche (Annexe 1) ont rapporté 1114 résultats dont 178 doublons. Après lecture des titres et des résumés, nous en avons exclus 662. La lecture de la méthode, a permis d'en exclure 136. Nous avons lu le texte intégral de 97 articles afin de déterminer de leur inclusion au non. Pour 11 articles, nous n'avons pas pu obtenir le résumé ou le texte intégral. Finalement, 14 articles ont été inclus, répartis en :

- Dix essais contrôlés randomisés concernant pour 3 d'entre eux des états aigus, pour 5 des états chroniques, pour 2 de la prévention et pour 1 une situation de premier recours aux urgences.
- Trois revues de littérature.
- Et 1 métanalyse.

Nous avons effectué une mise à jour de la recherche bibliographique pour la dernière fois le 26/05/2014 pour les bases de données MEDLINE et COCHRANE LIBRARY. Le 28/03/2014 pour la base de données WEB OF SCIENCE. Le 13/03/2014 pour les bases de données FRANCIS, PASCAL et ERIC. Et le 27/02/2014 pour EMBASE et CAIRN.

L'ensemble des articles est issu des bases de données MEDLINE, WEB OF SCIENCE, et du passage en revue des bibliographies pour 4 d'entre eux. L'interrogation des autres bases de données n'a rapporté aucun nouveau résultat.

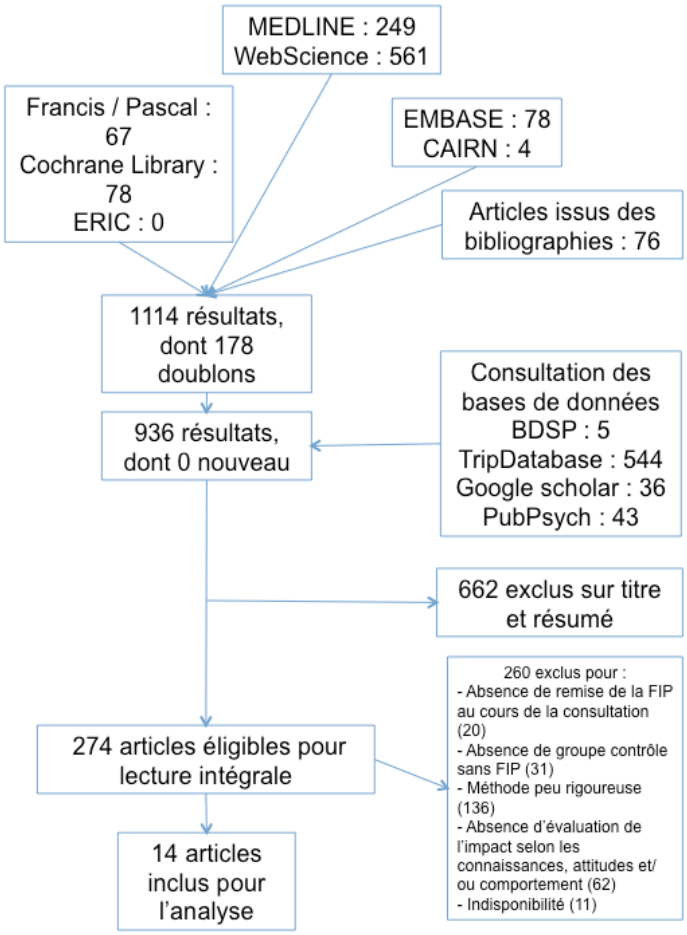

Fig 1 : Flow Chart

1. Maladies aiguës

Objectif global de chaque article retenu :

- Little, 2005 (15) a testé dans un essai contrôlé randomisé ouvert factoriel (3x2) et multicentrique l'impact de la remise d'une FIP sur l'histoire naturelle des infections respiratoires basses (n=405) ou non (n=402) et de 3 stratégies de prescription d'antibiotique (prescription immédiate, n=262 ; retardée, n=272 ; ou absence de prescription n=270) chez les plus de 3 ans. Il mesure d'une part la sévérité et la durée des symptômes (toux, dyspnée, expectoration, troubles du sommeil, bien-être et modification des activités), la satisfaction, l'utilisation des antibiotiques par les

patients ; et d'autre part les croyances des patients quant à l'efficacité des antibiotiques.

- Nick Francis, 2009 (16) a évalué dans un essai contrôlé randomisé en grappe, l'effet d'un livret interactif, favorisant la communication patient-médecin, sur le taux de reconsultation dans les 14 jours. La population étudiée est composée d'enfants de 6 mois à 14 ans présentant une infection respiratoire aiguë (<7 jours) sans comorbidité. Ce livret est donné au(x) parent(s) à l'issue de la consultation et sert de ressource. Il mesure également le taux de prescription d'antibiotique, la réassurance parentale, le sentiment d'efficacité parentale, leur satisfaction et l'appréciation de l'utilité de l'information reçue par les parents.

- Sustersic, 2013 (17) a évalué dans un essai contrôlé randomisé en grappe en médecine générale, l'impact de 4 FIPs sur le comportement et les connaissances des patients. Ces deux critères étaient évalués par questionnaire téléphonique entre 10 et 15 jours après la consultation index. Les 4 fiches choisies provenaient d'un travail préliminaire (18) et concernaient : la gastroentérite aiguë et les angines chez les adultes et les enfants. Les FIPs étaient utilisées au cours de la consultation puis remises au patient par le médecin généraliste. La population étudiée était constituée d'adultes ou d'enfants accompagnés par un adulte (n=400) sans comorbidité et ne présentant pas d'infection à streptocoque.

1. Connaissances

- Sustersic (17) a montré que les patients du groupe intervention (FIP) ont un score de connaissance statistiquement supérieur à ceux du groupe contrôle (non FIP) ($p<0,01$; OR=5,0 ; IC[1,9-13,2]). Lors d'analyses secondaires elle a montré que les connaissances étaient meilleures dans le groupe des patients adultes ($p<0,01$), chez les

adultes de plus de 40 ans (OR=2,23 ; p=0,04) et chez les travailleurs (OR=2,18 ; p=0,05).

2. Attitudes

- Little (15) ne retrouve aucune différence en ce qui concerne les croyances des patients sur l'efficacité des antibiotiques (p=0,73).

- Nick Francis (16) a montré que les parents dont l'enfant a été inclus dans le groupe FIP ont moins l'intention de reconsulter pour le même motif si l'enfant présente la même maladie (OR=0,34 ; IC[0,20-0,57]). Il n'y a pas de différence significative en ce qui concerne la réassurance parentale (OR=0,84 ; IC[0,57-1,25]) ou le sentiment d'efficacité parentale entre les deux groupes (OR=1,20 ; IC[0,84-1,73]).

3. Comportement

- Little (15) retrouve un taux de reconsultation 63% plus élevé dans le groupe intervention par rapport au groupe contrôle (1,63 ; IC[1,07-2,49] ; p=0,02). Il n'existe pas de différence quant à l'utilisation des antibiotiques entre les groupes (p=0,58) (valeur ajustée sur le facteur antibiotique).

- Nick Francis (16) retrouve que l'apport d'une information écrite réduit le taux d'utilisation des antibiotiques par les patients dans les 14 jours suivant la première consultation (OR=0,35 ; IC[0,18-0,66]). Les médecins du groupe intervention en prescrivent également moins lors de la consultation index (OR=0,29 ; IC[0,14-0,60]). Les taux de reconsultation ne sont pas différents entre les deux groupes (OR=0,75 ; IC[0,41-1,38]).

- Pour Sustersic en 2013 (17) les patients recevant une FIP ont un comportement plus adapté à 71,8% contre 43,0% pour ceux ne la recevant pas (p<0,01 ; OR=5,0 ; IC[2,6-

9,4]). Lors d'analyses en sous groupes, les adultes ayant reçu une FIP ont plus fréquemment un comportement recommandé que les autres (p<0,01). Cette différence n'est pas significative pour le sous groupe des enfants accompagnés par un adulte mais donne la même tendance. Les membres de la même famille d'un patient ayant reçu la FIP, consultent moins pour les mêmes symptômes que le groupe contrôle (23,5% versus 56,2% ; p<0,01). Dans la population n'ayant pas reçu de FIP, les adultes accompagnant un enfant ont un comportement plus adapté que les adultes consultant seul (p<0,01). Cette différence n'existe plus entre ces deux sous groupes quant ils reçoivent une FIP. Les adultes de plus de 40 ans adoptent également un comportement plus proche de celui recommandé (OR=2,16 ; p=0,02). Au contraire, les travailleurs ont moins souvent ce type de comportement par rapport aux patients sans emploi (OR=0,44 ; p=0,02).

2. Maladies chroniques

Objectif global de chaque article retenu :

- Roland et Dixon (19) évaluent en 1989, dans un essai contrôlé randomisé, le « *Back Book* » : un livret d'information de 21 pages sur les lombalgies. Ils mesurent par questionnaire postal le taux de reconsultation ainsi que le taux d'arrêt de travail dans l'année suivant l'inclusion. Les analyses secondaires concernent le nombre d'avis spécialisés demandés avec ou sans chirurgie et les connaissances. Les patients inclus (n=1096) sont des adultes âgés de 16 à 64 ans dont les lombalgies (aiguës ou chroniques) sont le motif de consultation principal, en dehors de toute grossesse, syndrome grippal, situation d'illettrisme, ou changement de médecin généraliste. Le livret est remis pour les patients du groupe intervention (n=483) au cours de la consultation par le médecin généraliste sans autre contrainte sur la prise en charge habituelle.

- Roberts en 2002 (20) évalue dans un essai contrôlé randomisé en Angleterre l'impact de la remise d'une fiche d'information écrite « *Back Home* » par le médecin généraliste dans une population adulte de 16 à 60 ans (n=64) présentant une lombalgie aiguë (<6 mois) sévère (ayant occasionné au moins 3 jours d'arrêt de travail ou équivalent). Les patients du groupe contrôle (n=28) bénéficient des soins habituels. Elle évalue les connaissances, attitudes, comportements et le statut fonctionnel à 2 jours ouverts, 2 semaines, 3, 6 et 12 mois de l'inclusion.

- Coudeyre en 2007 (21) a évalué dans un essai contrôlé quasi-expérimental, l'impact du « *Guide du Dos* » version française du « *Back Book* », sur la persistance de la douleur lombaire à 3 mois de l'épisode initial ; soit au cours d'une consultation de suivi (prévue lors de la consultation index), soit par enquête téléphonique si le patient ne se présentait pas à la deuxième consultation. Lors de l'inclusion, tous les patients (n=2752) reçoivent les soins et l'information orale habituels, ceux du groupe intervention (n=1344) reçoivent en plus le livret. Les patients inclus sont majeurs, consultant pour la première fois pour cet épisode douloureux aigu, sans comorbidité ni complication associée à la lombalgie, avec une EVA supérieure à 3/10, sans antécédent de lombalgie dans l'année écoulée, avec un emploi, et hors grossesse. Coudeyre évalue à la fois l'impact sur le patient et sur les pratiques du médecin généraliste. Concernant le patient, lors de la visite de contrôle à 3 mois, il évalue la persistance de la douleur lombaire, la réalisation d'une imagerie du dos, les arrêts de travail et leur durée, la reprise du travail, la satisfaction des patients par rapport à l'information reçue sur les activités physiques, la prévention des récidives et le traitement. Et pour les patients toujours algiques, l'intensité de la douleur, le handicap, l'anxiété et la dépression.

1. Connaissances

- Roland et Dixon (19) montrent que les connaissances sont meilleures dans le groupe intervention par rapport au groupe contrôle y compris après ajustement sur l'âge et le niveau scolaire ($p<0.01$).

- Roberts (20) retrouve de meilleures connaissances à 2 semaines de suivi dans le groupe intervention pour 2 items de façon significative parmi les 9 testés. Cela concerne la meilleure position en station assise (χ^2=3,76 ; IC[1,05–13,50] ; p=0,036) et les techniques d'habillage (mise des chaussettes) (χ^2=4,87 ; IC[1,54–15,44] ; p=0,006). Après ajustement sur les caractéristiques à l'inclusion, les résultats ne sont plus significatifs (χ^2=5,13 ; IC[0,91–28,75] ; p=0,043).

2. Attitudes

- Roberts (20) ne met pas en évidence de différence entre les groupes en ce qui concerne les attitudes.

- Coudeyre 2007, (21) retrouve une persistance de la douleur à 3 mois moins importante dans le groupe intervention par rapport au groupe contrôle (p=0,0131 ; IC[-6,3 à -1,0]). Les croyances ou le handicap ressenti chez les patients présentant une persistance de la douleur sont les mêmes quelque soit l'intervention.

3. Comportement

- Roland et Dixon (19) retrouvent une diminution du nombre de consultations à partir de la 3ème semaine suivant la distribution du livret et sur l'ensemble de l'année sur laquelle a porté l'étude (35,6% versus 42,2% ; p<0,05). Aucun impact n'a été démontré dans les 15 premiers jours sur le taux de reconsultation, ni sur le nombre d'arrêt de travail y compris lors de l'analyse ajustée sur les antécédents de lombalgie,

l'âge, le niveau scolaire et l'activité professionnelle. Une diminution de séances de kinésithérapie, de demandes d'avis spécialisés, d'hospitalisations et de laminectomies est retrouvée sans que la différence n'atteigne la significativité statistique.

- Roberts (20) retrouve une différence significative entre les groupes pour le maintien de la lordose lombaire en position assise (coussin dans le dos) à 2 jours (χ^2=4,74 ; IC[1,32-16,96] ; p=0,013), 2 semaines (χ^2=5,86 ; IC[1,44-23,85] ; p=0,009) et jusqu'à 3 mois (χ^2=4,89 ; IC[1,19-20,03] ; p=0,020) de suivi (période aiguë). Après ajustement sur les caractéristiques des groupes à l'inclusion cette différence n'est plus significative à 3 mois (χ^2=3,41 ; IC[0,67-17,38] ; p=0,119). Elle est significative pour les techniques de relevage (large base de soutien) tout au long des évaluations : à 2 jours (χ^2=36,0 ; IC[5,21-248,66] ; p<0,0001), 2 semaines (χ^2=20,17 ; IC[4,72-86,19] ; p<0,001), à 3 mois (χ^2=6,75 ; IC[2,05-22,27] ; p=0,001), à 6 mois (χ^2=3,92 ; IC[1,17-13,20] ; p=0,024) et jusqu'à 12 mois de suivi (χ^2=4,57 ; IC[1,28-16,27] ; p=0,016). Après ajustement sur les caractéristiques des groupes à l'inclusion cette différence n'est plus significative à 12 mois (IC[0,97-21,45]).

- Coudeyre (21), retrouve une diminution de la consommation d'AINS (p=0,0103 ; IC[-11,3 à -3,3]) et de myorelaxants (p=0,0176 ; IC[-11,7 à -3,9]) ce qui correspond au comportement recommandé par le livret, dans le groupe intervention. Aucune différence concernant les demandes d'imageries, le nombre et la durée des arrêts de travail entre les 2 groupes n'est retrouvée. Concernant la demande d'avis spécialisé, il existe une différence significative (-4,3 ; IC[-8,0 à -0,5] ; p=0,0253) sauf lorsque l'on prend en compte l'effet de grappe (p=0,0566). A trois mois, la douleur est moins importante dans le groupe intervention (-3,6 ; IC[-6,3 à -1,0] ; p=0,0072 et $p_{ajustée}$=0,0131). Deux scénarii sont alors imaginés en intégrant les perdus de vue : soit

la persistance de la douleur était présente pour tous (scénario 1) soit aucun d'entre eux n'avait de douleur (scénario 2). Dans le premier cas, Coudeyre ne retrouve pas de différence significative sur la persistance de la douleur à 3 mois, avec une puissance de 25% (IC[-1,0 à 5,6]). Dans le second cas, la différence est significative avec une puissance de 70% (IC[-5,5 à -1,0]).

3. Situations aux urgences, soins de premier recours

Objectif global de chaque article retenu :

- Arnold & al, 2009 (22) compare dans un essai contrôlé randomisé non en aveugle, la qualité des soins reçus par les patients 1 mois après leur consultation aux urgences pour une douleur thoracique (DT). Dans le groupe intervention, une information écrite adaptée à leur statut diagnostique est remise en plus des soins habituels. Les douleurs sont classées en 4 catégories : origine cardiaque, autre étiologie, nécessité d'investigations plus poussées ou pas d'investigation. Elle a également déterminé si la FIP permet de réduire l'anxiété, la dépression, d'améliorer la qualité de vie et la satisfaction des soins. Elle évalue la modification du mode de vie (tabac, activité physique, alimentation), les comportements de recherche d'informations supplémentaires et les actions prévues par les patients en cas de nouvelles douleurs.

1. Connaissances

- Cet aspect n'a pas été évalué dans cet article.

2. Attitudes

- Arnold (22) trouve qu'il existe de façon significative un meilleur sentiment d'être en bonne santé dans le groupe intervention (p=0,006 ; IC[1,6-9,3]). Il n'est pas retrouvé de différence concernant les tentatives d'améliorer leur hygiène de vie (tentatives

d'arrêt du tabac (0,1% ; p=0,984 ; IC[-14% à 14,2%]), d'augmenter les exercices physiques (2,0% ; p=0,728 ; IC[-6,7% à 10,7%]), de modifier leur alimentation (1,5% ; p=0,318 ; IC[-6,9% à 9,8%]), ou la recherche d'information complémentaire dans d'autres sources (internet…) (2,5 ; p=0,550 ; IC[-5,7à 10,6]). L'adjonction d'une information écrite ne change pas les intentions des patients en cas de récidive de la douleur (p=0,937), ni la prévalence de récidive de DT (0,2% ; p=0,970 ; IC[-9,5% à 8,9%]), ni la sévérité de la douleur ressentie (0,1 ; p=0,610 ; IC[-0,2 à 0,4]).

3. Comportement

- Arnold (22) montre que le taux d'anxiété (p=0,015 ; IC[0,20-1,84]) et de dépression (p=0,002 ; IC[0,41-1,86]) sont moins importants dans le groupe intervention par rapport au groupe contrôle (l'intervalle de confiance à 95 % comprend la valeur 1 car l'effet retrouvé est positif, la valeur à exclure pour démontrer une significativité est donc « 0 »). Elle retrouve une meilleure santé mentale (p=0,007 ; IC[1,4-9,2]) et une tendance vers une amélioration des scores concernant le fonctionnement social (3,8 ; p=0,095 ; IC[-0,7 à 8,4]) et l'énergie/vitalité (3,7 ; p=0,079 ; IC[-0,4 à 7,8]).

4. Prévention

Objectif global de chaque article retenu :

- Beresford en 1997 (23) évalue dans un essai contrôlé randomisé dans 6 cliniques de soins primaires aux USA (Seatle), l'impact de la distribution par le médecin généraliste d'un livret de conseils diététiques sur le comportement nutritionnel des patients versus les soins usuels (n=2121). Le critère de jugement principal est évalué selon deux échelles (*Food-frequency questionnaire* et le *Fat-and fiber-related behavior questionnaire*) à 3 mois ($n_{intervention}$=896 ; $n_{contrôle}$=990) et 12 mois ($n_{intervention}$=859 ; $n_{contrôle}$=959) de suivi, afin de connaître les proportions de fibres et de

lipides consommées. Elle prend également en compte la détermination pour le changement, l'autonomie des patients dans la préparation des repas, le taux de cholestérol total et une mesure du comportement recommandé.

- Little en 1998 (24) a évalué dans un essai contrôlé randomisé multicentrique factoriel (3x2), l'impact de différentes stratégies visant à améliorer les connaissances sur la contraception orale chez des femmes de plus de 17 ans en dehors d'une première prescription (n=636) à 3 mois de suivi. Il évalue 2 fiches d'informations écrites : une produite en format « carte de crédit » résumée selon l'*Evidence Based Medicine*, et l'autre plus complexe produite par le *Family Planning Association*. Il mesure également l'apprentissage de ces règles de prise par un échange interactif, lorsque la femme pose des questions au professionnel de santé.

- Platts en 2005 (25) évalue l'impact de la distribution d'un livre d'informations médicales générales sur la prise en charge de problèmes de santé simples par les patients eux-mêmes (n=1967) en médecine générale au Royaume-Uni dans une population plutôt favorisée. Deux livres sont testés (n=660 et n=659) versus un groupe contrôle (n=648) qui ne reçoit pas d'information écrite. Les problèmes de santé, l'utilisation des services de santé, la lecture et l'utilisation des livres plus ou moins en fonction de la présence de pathologies intercurrentes sont mesurés par auto-questionnaire à 3 et 12 mois de suivi.

1. Connaissances

- Little (24) retrouve que l'amélioration des connaissances sur les contraceptifs oraux tendent globalement vers la significativité dans les groupes interventions sur l'ensemble des items de connaissances testés : facteurs liés à une mauvaise prise (χ^2=5,8 ; p=0,056) ; les actions à entreprendre (5,07 ; p=0,08) ; la contraception

d'urgence (5,76 ; p=0,056) ; les connaissances des règles de prise (6,23 ; p=0,04). D'autre part, le test de Kruskal-Wallis montre que les connaissances sont améliorées quelque soit le niveau de connaissances de départ (χ^2=33 ; p<0,001). Le fait de poser des questions aide particulièrement les femmes avec un faible niveau de connaissances.

2. Attitudes

- Beresford (23) évalue le stade de motivation (action / maintenance ou stades précoces (26)) des patients à changer de comportement alimentaire. L'analyse effectuée retrouve une tendance à une meilleure adéquation avec les comportements recommandés quelque soit le stade de motivation et quelque soit le groupe (intervention, contrôle) concerné. Les patients du groupe intervention aux stades action / maintenance diminuent de façon significative leur consommation de lipides (pour les 2 questionnaires) à 3 et 12 mois de suivi (-1,13 ; IC[-1,80 à -0,46] ; p<0,01 et -0,035 ; IC[-0,065 à -0,005] ; p<0,05) à 3 mois et à 12 mois (-1,28 ; IC[-1,88 à -0,68] ; p<0,01 et -0,034 ; IC[-0,063 à -0,005] ; p<0,05)). Alors que les patients aux stades plus précoces ont tendance à augmenter la proportion de fibres consommées à 3 et 12 mois de suivi (pour les 2 questionnaires), aucun résultat n'atteint le seuil de significativité statistique (0,18 ; IC[-0,54 à 0,90] et 0,034 ; IC[-0,011 à 0,079] à 3 mois et à 12 mois 0,27 ; IC[-0,25 à 0,79] et 0,021 ; IC[-0,016 à 0,058]). Toutes les autres analyses effectuées retrouvent des résultats discordants entre les 2 questionnaires utilisés.

- Platts (25) interroge les patients sur leur capacité à gérer un problème de santé seuls, 57% des patients des deux groupes « livres » répondent « plutôt » et seulement 13% « plutôt pas » (p<0,001). En ce qui concerne leur besoin de contacter le cabinet par

téléphone, 40% des patients du groupe intervention répondent « plutôt pas » contre « plutôt » à 20% pour le groupe contrôle (p<0,001).

3. Comportement

- Beresford (23) met en évidence une amélioration des comportements comme recommandés à 3 et 12 mois de suivi. Elle retrouve une diminution de la consommation des graisses alimentaires dans les 2 groupes. La différence à 3 mois (-1,04 ; IC[-1,67 à -0,41] ; p<0,01) et 12 mois (-1,20 ; IC[-1,68 à -0,73] ; p<0,01) de suivi est significativement plus importante dans le groupe intervention. Le score « lipides » du *Fat-and fiber-related behavior questionnaire* retrouve la même tendance pour le groupe intervention à 3 mois (-0,046 ; IC[-0,074 à -0,018] ; p<0,01) et 12 mois (-0,044 ; IC[-0,073 à -0,016] ; p<0,01). Les deux groupes augmentent la proportion de fibres consommées à 3 mois et cette tendance persiste à 12 mois uniquement pour le groupe intervention sans atteindre le seuil de significativité pour les 2 évaluations. D'autre part, concernant le score « fibres » du *Fat-and fiber-related behavior questionnaire* elle retrouve une augmentation de la consommation de fibres avec une différence significative à 3 mois (0,038 ; IC[0,006-0,069] ; p<0,05) et 12 mois (0,036 ; IC[0,011-0,061] ; p<0,05) en faveur de l'intervention. Lors d'analyses secondaires sur le pourcentage d'énergie provenant des lipides (en utilisant les différences moyennes entre les groupes), elle retrouve une diminution de la consommation de lipides dans le groupe d'intervention pour les six cliniques (p=0,031).

  Concernant l'autonomie des patients, l'analyse effectuée retrouve une tendance à une meilleure adéquation avec les comportements recommandés quelque soit le degré d'autonomie (total, partiel ou nul) et quelque soit le groupe (intervention, contrôle) concerné. Les patients du groupe intervention complètement autonomes dans la

préparation des repas diminuent de façon significative leur consommation de lipides (pour les 2 questionnaires) à 3 et 12 mois de suivi (-1,28 ; IC[-2,13 à -0,44] ; p<0,05 et -0,044 ; IC[-0,081 à -0,007] ; p<0,05) à 3 mois et à 12 mois (-1,85 ; IC[-2,50 à -1,20] ; p=0,019 et -0,046 ; IC[-0,083 à -0,009] ; p<0,05) . Alors que les patients n'étant pas ou que partiellement autonomes ont tendance à augmenter la proportion de fibres consommées à 3 et 12 mois de suivi (pour les 2 questionnaires) mais aucun résultat n'atteint le seuil de significativité statistique. Toutes les autres analyses effectuées retrouvent des résultats discordants entre les 2 questionnaires utilisés.

- Platts (25) montre que 55% ou 42% des patients recevant l'un ou l'autre livre déclarent l'avoir consulté dans les 3 mois. Et que même en l'absence de distribution de livre d'information médicale, environ 25% des patients interrogés ont consulté des informations écrites afin de répondre à un problème de santé. Les personnes exposées à un problème de santé consultent plus fréquemment le livre médical que ceux restés en bonne santé (69% versus 49%, p<0,001). La durée, la fréquence et les motifs des consultations ne diffèrent pas entre les groupes.

5. Revues de la littérature et métanalyse

Objectif global de chaque article retenu :

- Henrotin (27) évalue en 2006 dans une revue de la littérature l'impact de l'information écrite et/ou audio-visuelle fournie aux patients sujets aux lombalgies (aiguës, chroniques ou en prévention primaire) sur le traitement et la prévention des évènements. Il cherche également à savoir quel type d'information est le plus efficace. Il interroge trois bases de données : MEDLINE, PsychINFO et EMBASE et retient les articles en français ou anglais, de type ECRs ou études contrôlées prospectives, testant une intervention basée sur l'information via un support (FIP, livret, vidéo, programme

multimédia, internet). Le critère de jugement principal doit correspondre à au moins une de ces variables : douleur, handicap, reprise du travail, utilisation des ressources de soins, connaissances, croyances ou attitudes par rapport aux lombalgies. Il retrouve 13 articles pertinents répartis en 11 ECRs, une enquête contrôlée en groupes parallèles et une étude longitudinale. Parmi les 11 ECRs, 7 sont de haute qualité méthodologique (score ≥5/10 d'après la grille de critères utilisée, recommandée par le *Cochrane Back review group*). Sur les 13 études retenues, 5 testent l'efficacité d'un livret versus aucune information écrite, 2 évaluent un programme multimédia ou une vidéo, 4 comparent un livret et l'association à un autre type de support (vidéo, échange de mails…). Dans 2 études, le livret est considéré comme constituant le groupe contrôle de l'étude. Parmi les 13 études, 7 retrouvent un effet plutôt positif de l'intervention et 4 plutôt négatif (absence d'impact).

- Fox (28) synthétise les études évaluant l'impact de fiches d'informations écrites visant à faire la promotion de programme de dépistage. Elle inclut les études contrôlées randomisées en langue anglaise déterminant la contribution des FIPs dans le choix éclairé des patients candidats à un programme de dépistage. Elle exclut les études pédiatriques, les études où l'information est personnalisée et celles dont l'objectif est de mesurer une amélioration des connaissances de façon isolée. Elle interroge 8 sources de données (MEDLINE, EMBASE, CINAHL, le BRITISH NURSING INDEX, THE COCHRANE LIBRARY, NHS CRD, le site internet du UK SCREENING PROGRAMMES et du NICE). Neuf études de qualité méthodologique hétérogène répondent aux critères d'inclusion et sont analysées : 5 sur le dépistage du cancer de la prostate, une sur le dépistage anténatal, une sur le dépistage génétique (cancer du sein, mutation BRCA1/BRCA2) et une sur le dépistage du cancer du pancréas.

- Nicolson 2011 (29) fait une synthèse des études évaluant l'impact de la remise d'une information écrite à propos de traitements médicamenteux (prescrits ou en vente libre) sur les connaissances (résultat principal), attitudes et comportements des patients. Il inclut les études contrôlées randomisées menées en intra ou extrahospitalier dans lesquelles l'information écrite est comparée à un groupe contrôle ou une intervention alternative (différents types de fiches informations) et quelque soit la source d'information initiale. Il interroge 13 bases de données sans restriction de langue dont les principales sont : MEDLINE, THE COCHRANE LIBRARY, COCHRANE CONSUMERS AND COMMUNICATION GROUP, EMBASE, CINAHL, PsychINFO et WEB OF SCIENCE. Il retrouve 25 essais contrôlés randomisés (publiés entre 1972 et 2004) provenant de 9 pays différents qu'il classifie en deux catégories. Soit l'information écrite est comparée aux soins usuels, soit différents types d'informations écrites sont comparés entre eux. Dix-neuf études impliquent des traitements chroniques (dont 5 sur les AINS et 10 sur les thérapeutiques cardio-vasculaires), 5 des traitements aigus et une étude sur les deux types de traitement. Quatre études concernent le traitement des troubles mentaux, 3 études des antibiotiques et 5 études sur plusieurs traitements en même temps.

- Forster 2012 (30) évalue par une métanalyse l'impact de 2 types d'intervention : FIP comparée aux soins usuels ou FIP et une autre intervention comparée uniquement à l'autre intervention ; chez les patients ayant subi un AVC ou AIT. Dans certaines études, l'évaluation concerne aussi l'aidant principal (résultats rapportés de façon indépendante dans la revue). Tous les types d'informations sont pris en compte : FIPs, livrets d'information, vidéo, session éducative ou encore conseils de lecture, puis classées selon si l'intervention est jugée active (participation des sujets, planification du suivi, consolidation) ou passive. Elle inclut les essais randomisés sans restriction de

langue. Le critère de jugement principal est double : d'une part les connaissances à propos des AVC/AIT et/ou les soins existants ; et d'autre part l'impact sur l'humeur (anxiété ou dépression) du patient ou de son aidant (selon l'*Hospital Anxiety and Depression Scale*). Les critères de jugement secondaires sont les activités de la vie quotidienne, la participation, les activités sociales, la perception de l'état de santé, la qualité de vie, la satisfaction, les admissions hospitalières ou les contacts avec un professionnel de santé, la *compliance*, le décès ou l'institutionnalisation et le coût global. Elle interroge 13 bases de données sans restriction de langue dont les principales sont : MEDLINE, THE COCHRANE LIBRARY, CENTRAL, EMBASE, CINAHL et PsychINFO. Elle effectue aussi une revue des références bibliographiques des articles retrouvés mais également de 6 registres ou index de revues scientifiques. Vingt-et-une études sont incluses (publiées entre 1987 et 2010) provenant de 7 pays différents. Pour 9 d'entre elles, l'information est donnée avant la sortie de l'hôpital.

1. Connaissances

- Henrotin (27) trouve un lien de cause à effet fort entre l'amélioration des connaissances des patients et la remise d'une fiche d'information écrite (grade A, 3 ECRs de haute qualité méthodologique et 2 ECRs de faible qualité méthodologique). Il spécifie que les connaissances sont encore meilleures lorsque la fiche d'information écrite est accompagnée d'un support vidéo, surtout pour les patients avec les plus faibles connaissances à l'inclusion. Et souligne donc l'importance du niveau d'éducation sur l'amplitude de l'acquisition des connaissances que l'on peut espérer en utilisant un support écrit en complément de l'information orale.

- Fox (28) rapporte une amélioration significative des connaissances dans 5 études sur les 7 qui évaluent ce paramètre. A propos des tests de dépistage du cancer de la

prostate, cette amélioration est significative dans les groupes ayant reçu une information écrite pour 4 études sur 5. Dans une étude, aucune différence n'est mise en évidence entre les groupes (information écrite par mail versus absence d'information écrite). Aucune différence n'est retrouvée en ce qui concerne le dépistage anténatal. Pour ce qui est des tests de dépistage génétique, une amélioration significative des connaissances est retrouvée dans les groupes FIP.

- Nicolson (29) retrouve 20 études qui comparent la remise d'une information écrite aux soins usuels et 12 d'entre elles évaluent leurs impacts sur les connaissances. Six retrouvent une amélioration dans le groupe intervention de façon significative. Trois études ne retrouvent pas d'association statistiquement significative et 3 concluent à des résultats mixtes, favorisant d'une part le groupe intervention et d'autre part le groupe contrôle.

  Quatre études s'intéressent au rappel des conseils donnés sur l'utilisation des traitements par les patients. Un essai retrouve un meilleur rappel des informations dans le groupe intervention, 2 études seulement pour la moitié des informations fournies. Une étude (Little 1998, (24)) montre que les souvenirs sont meilleurs lorsque l'information écrite est « résumée » et moins complexe.

  Six essais s'intéressent plus spécifiquement aux effets indésirables. Trois d'entre eux retrouvent que les patients des groupes interventions ont de meilleures connaissances que ceux des groupes contrôles de façon significative. Pour certains essais, les résultats sont divergents. Par exemple, Morris 1982 (31) rapporte que le groupe intervention est capable de nommer plus d'effets secondaires que le groupe contrôle mais en faisant plus d'erreurs. Pope 1998 (32), retrouve que le groupe intervention nomme moins d'effets secondaires de façon significative (p=0,09).

Cinq études comparent différents types de FIPs par rapport à une fiche dite « standard ». Les connaissances sont meilleures pour les groupes bénéficiant de fiches écrites plus simples, centrées sur les problématiques des patients ou encore utilisant une présentation numérique des données (versus dactylographiée).

- Forster (30) retrouve 7 essais évaluant les connaissances du patient (dont un pour lequel les données ne sont pas exploitables), répartis en 4 interventions passives et 2 actives. Tous utilisent des questionnaires différents, le plus souvent créés spécifiquement pour l'étude et non validés (sauf pour 1 étude). Il existe une différence statistiquement significative sur les connaissances des patients en faveur du groupe intervention (SMD 0,29 ; IC[0,12-0,46] ; p<0.001) sans qu'une différence ne soit faite entre le type d'informations fournies (passive : SMD 0,26 ; IC[0.04-0.48] ; active : SMD 0,34 ; IC[0,07-0,61] ; test des différences entre les sous-groupes : p=0,65). Six essais (4 avec des données exploitables) évaluent les connaissances des aidants. Il existe une différence statistiquement significative en faveur des interventions (SMD 0,74 ; IC[0,06-1,43] ; p=0,03).

2. Attitudes

- Henrotin (27) montre que lorsque la remise de l'information écrite est assortie de conseils avisés par le médecin généraliste, la confiance des patients à court terme sur le livret est augmentée (grade B, 1 ECR de haute qualité et 1 de faible qualité méthodologique). Un doute persiste quant à l'efficacité de l'information écrite en ce qui concerne l'évolution des croyances des patients (grade C, 2 études prospectives, 1 ECR de faible qualité et 1 ECR de haute qualité méthodologique).

- Fox (28) ne retrouve pas de différences entre les groupes en ce qui concerne l'intention de se faire dépister ou de parler avec son médecin, notamment pour le

cancer de la prostate pour 3 études sur 5. Une étude rapporte une augmentation significative de l'intention de discuter du programme de dépistage avec leur médecin. Une diminution significative de l'intention de se faire dépister est retrouvée pour 3 études. Aucune différence sur le bénéfice à se faire dépister et l'intention de pratiquer les tests n'est mise en évidence entre les groupes pour le dépistage génétique. Les patients ayant reçu une information écrite détaillée sur le dépistage du cancer du pancréas sont moins favorables à sa réalisation que ceux du groupe ayant reçu une information écrite standard.

Dans 1 étude, après avoir reçu une information écrite « fondée sur les preuves » à propos du dépistage, les hommes pensent pouvoir faire un choix éclairé de façon significativement plus importante que dans le groupe recevant une information écrite standard. En ce qui concerne le dépistage anténatal, aucune différence sur le sentiment d'avoir été suffisamment informé afin de faire un choix éclairé entre les groupes n'est mise en évidence.

- Nicolson (29) retrouve 3 études comparant la remise d'une information écrite contre les soins usuels évaluant les attitudes, principalement la satisfaction. Une seule étude rapporte un résultat significatif en ce qui concerne la facilité de compréhension des informations, leur utilité, l'impression d'avoir reçu suffisamment d'information et la diminution des inquiétudes par rapport au traitement.

  Quatre études comparent différents types de présentation de l'information écrite et évaluent les attitudes des patients. Deux d'entre elles mesurent l'impact sur la décision de prendre (ou non) le traitement conseillé. Lorsque les risques sont énumérés avant les bénéfices attendus, les données sont plutôt favorables à l'intention de prendre le traitement conseillé ($p=0,02$). D'autre part, les patients qui lisent l'information sous

forme dactylographiée (contre numérique) déclarent que l'impact sur leur prise de décision est plus important (sans que le sens de l'association ne soit précisé mais de façon significative avec $p<0,05$).

- Forster (30) teste la détresse psychologique des aidants (4 études) et ne retrouve pas de différence entre les groupes (OR=1.13 ; IC[0.65-1.97] ; p=0.65). L'analyse des résultats secondaires concerne ici la perception de l'état de santé et la qualité de vie. Aucune différence significative en ce qui concerne les informations écrites passives (2 études) ou actives (pour 3 études sur 4 évaluant ce critère) n'est retrouvée pour ces 2 critères lorsque l'on se place du côté patient. En ce qui concerne les aidants, 3 études testent ce paramètre et seulement une d'entre elles retrouve un résultat significatif en faveur du groupe intervention.

3. Comportement

- Henrotin (27) conclut que l'information écrite ne permet pas de diminuer l'absentéisme lorsqu'elle est comparée aux soins usuels ou à une intervention selon le modèle comportemental (grade A, 1 ECR de faible qualité et 2 de haute qualité méthodologique). Il montre par ailleurs que la *compliance* pour les exercices de rééducation physique est améliorée sur le court terme lorsque la remise de l'information écrite est assortie de conseils avisés par le médecin généraliste (grade B, 1 ECR de haute qualité et 1 de faible qualité méthodologique). Il ne retrouve pas d'efficacité de l'information écrite quant à une meilleure utilisation des ressources de santé par les patients lombalgiques lorsqu'elle est comparée à l'absence d'intervention, la kinésithérapie, la rééducation physique ou la thérapie comportementale (grade A, 1 ECR de faible qualité et 4 de haute qualité méthodologique). Et il persiste un doute quant à son efficacité à limiter les

conséquences futures et à permettre de maintenir les activités physiques (grade C, 2 études prospectives, 1 ECR de faible qualité et 1 ECR de haute qualité méthodologique). Il semblerait qu'une approche bio-psycho-sociale dans les documents écrits soit plus efficace.

- Fox (28) ne retrouve pas de différence significative dans les taux de passage des tests de dépistage en fonction de la remise d'une information écrite ou non quelque soit le type de dépistage.

- Nicolson (29) retrouve 8 études testant l'impact des FIPs (versus information orale uniquement) sur le comportement des patients : principalement la *compliance* au traitement (6/8). Elle est plus élevée chez les patients ayant reçu une information écrite sans que notion soit faite de la significativité des résultats. Une étude retrouve un taux de présence d'effets secondaires plus élevé dans le groupe intervention, mais il n'est pas réalisé de test statistique. Il n'est pas mis en évidence de différence quant à l'arrêt du traitement entre les groupes. Aucune des 2 études testant l'effet de différents types de fiches d'information sur le comportement ne retrouve de résultat significatif.

- Forster (30) évalue l'anxiété et la dépression de façon indépendante en réalisant une métanalyse des données. Concernant l'anxiété, elle est évaluée de façon binaire (nombre de cas) dans 6 études, et il n'est pas retrouvé de différence lors du regroupement des données entre le groupe intervention et le groupe contrôle (OR=0,89 ; IC[0,57-1,38] ; p=0,60). Et de façon continue pour 7 essais sans qu'une différence entre les groupes ne soit mise en évidence (MD -0.34 ; IC[-1,17 à 0,50] ; p=0,43).

  Dans l'analyse réalisée en sous-groupe il semblerait qu'une information dite « active » ait un impact plus important sur les patients. Pour les données binaires, il existe une

augmentation de l'anxiété lorsque l'information est passive et une diminution lorsqu'elle est active (passive : OR=1,64 ; IC[0,80-3,37] ; active : OR=0,61 ; IC[0,35-1,07] ; test des différences entre sous-groupes : p=0,03). Pour les données continues, la même tendance à l'augmentation de l'anxiété est retrouvée lorsque l'information est passive (passive : MD 0.67 ; IC[-0.37 à 1.71] ; active : MD -0,98 ; IC[-1,59 à -0,36] ; test des différences entre sous-groupes : p=0,008). Pour les données continues, l'impact sur l'anxiété est significatif uniquement pour les interventions actives (p=0,002).

En ce qui concerne la dépression, 12 essais évaluent l'impact d'une information écrite active ou passive chez les patients en utilisant *l'Hospital Anxiety and Depression Scale* pour 8 d'entre eux. Des données binaires sont disponibles pour 8 essais. Les résultats groupés ne retrouvent pas de différence dans le nombre de cas de dépression entre les groupes (OR=0,90 ; IC[0,61-1,32] ; p=0,59). Des données continues sont disponibles pour 7 essais et retrouvent un impact positif de l'intervention de façon significative sur la dépression (MD -0,52 ; IC[-0,93 à -0,10] ; p=0,01). L'analyse en sous groupe pour les variables continues retrouve un effet plus important de l'information active sur les scores de dépression des patients (passive : MD 0,39 ; IC[-0,61 à 1,38] ; active : MD -0,71 ; IC[-1.16 à -0.25] ; test des différences entre sous-groupes : p=0,05). Chez les aidants, concernant le taux de dépression, une étude retrouve une différence significative entre les groupes en faveur de l'intervention lorsque l'information est active (p<0,0001) mais aucune différence significative n'est retrouvée entre les groupes si l'information est passive (2 études).

Les analyses secondaires ne retrouvent aucune différence significative entre les groupes quand l'information écrite est active ou passive pour ce qui concerne : les activités de la vie quotidienne (4 études actives, 4 études passives) ; la participation (4

études actives et 3 passives) ; les activités sociales (2 études actives et 1 passive dont une chez les aidants) ; l'utilisation des services de soins (4 études actives et 1 passive) ; la modification du comportement par rapport à sa santé ou réduction du risque (diététique, *compliance* au traitement, arrêt du tabac…) (3 études actives et 2 passives). Concernant le surmenage chez les aidants, une étude active retrouve un résultat statistiquement significatif (avec p=0,0001) à 12 mois de suivi. Dans les 2 autres études (1 active, 1 passive) aucune différence n'est retrouvée.

DISCUSSION

Les FIPs ont tendance ces dernières années à être perçues comme le « Gold Standard » de l'information au patient (27,33–36). Cependant aucun travail de synthèse ne retrouve à ce jour de résultat probant afin de valider cette pratique de façon globale.

Nous avons donc analysé l'impact de l'information écrite comparée aux soins usuels ; et nous pouvons affirmer ceci :

- La remise d'une information écrite par le professionnel de santé augmente de façon significative les connaissances des patients.

- En ce qui concerne les attitudes, les résultats sont plus mitigés. Un impact positif de l'information écrite n'est pas toujours retrouvé.

- La remise d'une information écrite change parfois le comportement vers une meilleure adéquation avec les recommandations. L'impact varie en fonction des pathologies et des populations concernées.

Notre méthode de recherche a démontré son exhaustivité. En effet, nous avons interrogé un nombre conséquent de bases de données, mais les résultats auraient été équivalents si nous avions interrogé uniquement MEDLINE et WEB OF SCIENCE. L'interrogation de la COCHRANE LIBRARY n'a fourni que des doublons ; les autres bases de données (ERIC, FRANCIS, PASCAL, EMBASE et CAIRN) ont retrouvé un nombre important de doublons et aucun nouveau résultat.

Nous n'avons pour autant pas retenu le terme de revue « systématique » en rapport avec les biais existants et l'absence de vérification des registres d'enregistrement des ECRs non publiés.

1. Biais et limitations :

- En premier lieu, nous avons effectué cette recherche bibliographique lors de séances de travail communes. Ceci constitue à minima un biais d'inclusion malgré la précision de nos critères situés au plus proche de la médecine générale que nous pratiquons. Nous avons décidé d'inclure les articles dont les critères de la *Checklist CONSORT 2010* étaient remplis au minimum à 80% pour ne pas pénaliser les articles pertinents antérieurs à la mise à jour de cette échelle.

- Nous avons décidé d'inclure l'article de Coudeyre 2007 bien qu'il soit annoncé dans le titre comme non randomisé. En effet, suite à la lecture de la méthode et après avoir contacté l'auteur, il nous a confirmé un protocole conçu comme un essai randomisé. Malheureusement, les documentalistes de la revue de publication ont considéré que la randomisation n'était pas parfaite dans la mesure où les médecins étaient issus de la base LOGIMED avec un ajustement par région. Or, ceci a permis d'avoir une représentation homogène des MG de l'ensemble du territoire national et des patients qu'ils ont directement inclus.

- Notre travail présente également un biais de sélection. Nous n'avons pu inclure que les articles porteurs de mots clés et donc indexés. Chaque base de données a ses propres mots-clés et sa spécificité auxquels nous nous sommes adaptés pour construire notre équation de recherche. De plus, l'indexation est effectuée par des documentalistes et a pris beaucoup de retard ces dernières années. Pour diminuer ce risque, il aurait fallu doubler toutes nos recherches par des recherches en langage naturel (hors mot-clé).

- Il est important de remarquer que certains articles inclus ont été publiés avant la diffusion des recommandations et conseils de la HAS (ou équivalent à l'international, *AHRQ* (37)) quant à la technique d'écriture de l'information écrite destinée aux

patients. C'est pourquoi les supports écrits peuvent être très variables d'une étude à l'autre en fonction de la date de publication. Si les outils les plus anciens avaient été conçus comme cela est désormais recommandé, l'impact aurait été plus franc.

- Il en est de même pour l'évaluation de la qualité méthodologique des articles. L'échelle *PRISMA* a été publiée en 2009 et l'échelle *CONSORT* en 2010. Les auteurs des articles antérieurs à ces dates ne pouvaient pas s'appuyer sur des critères faisant consensus afin de justifier de leurs choix méthodologiques (29).

- De la même façon que le rapporte Nicolson dans sa revue de la littérature (29), la plupart des auteurs ne mentionnent pas leur méthode clairement. Et le plus souvent les études ne sont pas construites au mieux pour diminuer le risque de biais. Il en résulte une grande hétérogénéité dans la conception des études mais également dans leurs résultats. Le plus souvent, les outils d'évaluation des connaissances sont développés pour chaque essai et mesurent différentes composantes des connaissances, sans validation ultérieure. Ainsi il est souvent très difficile de procéder à un regroupement des données afin de réaliser une métanalyse.

2. <u>Interprétation des résultats :</u>

De nombreux auteurs ont déjà abordé la question de la satisfaction (16,17,21,22,24,38). Nous souhaitons ici justifier le choix d'exclure cette donnée de notre analyse.

Logiquement, l'apport d'une information écrite supplémentaire au patient avec l'attention que cela suggère n'altère pas sa satisfaction et peut même l'améliorer (16,39,40). Little (39) a montré que plus le temps de consultation était court, plus la distribution de fiches d'information améliorait de façon significative la satisfaction des patients, venant ainsi combler un manque de communication orale souvent du à un manque de temps et de moyens (41,42). Il faut donc rester attentif à ne pas dériver sur ce versant négatif de la remise d'une

information écrite au patient comme substitut à l'information orale, mais veiller à ce qu'elle constitue un réel complément (43). Little (39) a également démontré que les patients les plus satisfaits se rétablissaient mieux et plus vite.

Il est assez surprenant de retrouver dans la section « maladies chroniques » uniquement des études portant sur les lombalgies. Une explication peut venir de la prévalence de cette pathologie, connue comme étant une problématique de santé publique majeure. Nos critères d'inclusion sont la deuxième explication. Nous nous sommes cantonnés à la spécificité de la pratique de la médecine générale en ne retenant que les travaux menés dans son domaine. Cette approche explique l'absence totale d'étude en oncologie, domaine pourtant pourvoyeur de nombreuses recherches. Le suivi du patient diabétique relève quant à lui bien souvent de programmes d'éducation thérapeutique complexes et mis en place au sein de structures spécialisées. Mais les problématiques du tabagisme ou encore du suivi de l'hypertension artérielle auraient pu être retrouvées.

Les revues de la littérature incluses dans notre travail sont de qualité variable et ne correspondent jamais complètement à notre problématique. En effet, nous n'avons pas connaissance de revue de la littérature spécifiquement orientée vers la pratique de la médecine générale. Cependant, il est intéressant de confronter nos résultats aux leurs afin de donner une dimension plus large à nos conclusions. Nous venons ainsi renforcer ce qui est déjà connu dans le domaine de la communication au patient car nos résultats vont dans le même sens que les synthèses antérieures.

- **CONNAISSANCES :**

Nous retrouvons un effet positif des FIPs sur les connaissances des patients mais certains résultats en limitent un peu la portée.

a) Dans l'essai de Roland et Dixon (19), les meilleures connaissances un an après la distribution du livret sont surprenantes pour l'époque. Les patients du groupe intervention peuvent répondre au questionnaire en s'aidant du livret. Ce résultat, banal, de nos jours reste positif. Les patients gardent le livret comme référence et seraient donc à même de l'utiliser lors d'une récidive.

Au cours du suivi, les connaissances sont souvent évaluées par auto-questionnaires envoyés par la poste (comme Little 1998 (24)). Parfois en demandant aux patients de ne pas se référer à l'information reçue, ce qui constitue un biais mais est une façon de tester l'accès aux informations souhaitées.

b) Dans l'article de Little sur les contraceptifs oraux (24), l'impact varie en fonction de la population concernée et du type d'information fournie. En effet, une information trop complexe deviendrait délétère pour le patient n'ayant pas les capacités de la comprendre, laissant place aux confusions plus dommageables qu'une absence d'information. De nombreux travaux, notamment Henrotin (27) soulignent cet aspect (44–47) et préconisent d'adapter le niveau de lecture des documents écrits à la population visée. De façon générale, mieux vaut répéter les consultations et ne délivrer qu'un nombre réduit d'informations à la fois (48). Il est souvent surréaliste de vouloir aborder en consultation de routine l'ensemble des problématiques que peuvent rencontrer les patients.

c) Les FIPs harmonisent les connaissances entre les groupes (17,27,30) lorsqu'elles sont adaptées à la population ciblée (29,30). Elles permettent une égalisation des connaissances en fonction du niveau d'étude (17,27) et ce d'autant plus que la relation est interactive et que les patients posent des questions (24). Elles ont un impact sur l'entourage du patient ayant bénéficié d'une information écrite en diminuant les taux de consultation en cas de symptômes similaires dans l'entourage (17). Ce qui suppose un partage spontané des informations entre

individus. Ce comportement représente une aide pour se remémorer les conseils du médecin et peut améliorer la *compliance* au traitement et aux recommandations. Venant ainsi s'inscrire contre la tendance d'une médecine à deux vitesses qui prend une ampleur désolante ces dernières années (49,50).

- **ATTITUDES :**

L'impact de l'information écrite sur les attitudes des patients reste à déterminer. Notre travail ne permet pas de conclure rigoureusement à ce propos.

a) Coudeyre (21) et Little (15) ne retrouvent pas d'impact des FIPs sur les croyances des patients. Cela est confirmé par la synthèse effectuée par Henrotin (27). Il semble donc que les croyances soient des concepts ancrés plus profondément et qu'une modification des connaissances sur un sujet ne suffit pas à les faire évoluer.

b) Arnold (22) ne retrouve pas de modification de l'intention d'améliorer le mode de vie après avoir expérimenté un épisode de douleur thoracique, pourtant lourd de sens. De façon inattendue, Fox (28) retrouve une diminution de l'intention de se soumettre aux programmes de dépistage suite à une information écrite supplémentaire alors que les connaissances des patients sont améliorées. La remise d'une information écrite a donc un impact contraire à celui recherché lorsque l'on s'intéresse aux programmes de dépistage en population générale. Une partie de l'efficacité de ces programmes repose donc sur le médecin généraliste qui doit cibler la population à laquelle la remise d'une information écrite leur permettra de mieux comprendre les bénéfices attendus. Le patient doit d'une façon générale pouvoir s'identifier aux problématiques qui lui sont exposées. Un patient asymptomatique ne se sent pas concerné par une information sur une pathologie grave dont il ne mesure pas les conséquences notamment thérapeutiques. Il nous semble complètement inefficace voire délétère de remettre une information écrite au patient à un instant quelconque. Il est primordial en tant que

soignant d'adapter notre comportement et de savoir attendre le moment le plus opportun pour remettre un complément d'information afin de guider nos patients dans leur prise en charge. Le cas échéant, il nous faut apprendre à patienter pour éviter que nos efforts de communication ne deviennent des freins pour nos patients.

c) Beresford (23) s'appuie sur le modèle transthéorique du changement (ou modèle motivationnel) énoncé par Prochaska et DiClemente (26) et démontre de façon logique que les patients dans les stades les plus avancés ont tendance à vouloir procéder au changement de façon prépondérante. C'est pour ces stades que l'impact des FIPs est le plus fort en venant renforcer les convictions propres du patient.

d) Beresford (23), montre que finalement tous les patients inclus dans son étude sur les 12 mois d'observation ont l'intention de se rapprocher du comportement recherché. Les changements prennent du temps, laissons aux patients l'opportunité d'y parvenir. Des études explorant les changements sur quelques mois peuvent alors conclure à tort à une inefficacité des FIPs.

- **COMPORTEMENT :**

Notre travail a montré qu'il ne suffisait pas d'améliorer les connaissances des patients pour qu'ils décident d'adopter le comportement recommandé.

a) Les taux de reconsultation pour un même motif ne sont pas toujours améliorés (15,16,19,51) ou encore aucun impact n'est retrouvé concernant le taux de passage des tests de dépistage (28) ou bien le nombre et la durée des arrêts de travail (19,21,27). La réalité est complexe, plus les croyances et les comportements évoluent plus le comportement attendu devient prépondérant et plus l'impact d'une intervention est difficile à mettre en évidence. Il nous semble important d'encourager les patients en leur donnant des informations positives comme « comment gérer au mieux leur maladie » plutôt que des informations négatives

comme « ne pas utiliser d'antibiotiques ». Les patients ont des attentes envers leur médecin généraliste qui leur sont propres et souhaitent bénéficier de réponses personnalisées adaptées à leur situation particulière. Il faut savoir persévérer le plus subtilement possible, parfois patienter mais aussi apprendre à faire des concessions. L'objectif étant d'éviter le *statu quo,* voire une aggravation de la situation et de créer une relation de confiance dans laquelle le patient et le médecin se reconnaissent mutuellement. Il semblerait qu'une approche active selon le modèle biopsychosocial où l'information est remise directement par le médecin assortie de conseils avisés soit la plus efficace (27,30,52).

b) Les résultats mitigés des études portant notamment sur le taux de reconsultation dans la lombalgie (19–21) amènent une interrogation sur les conseils à délivrer au patient. Une surveillance de l'évolution et un accompagnement dans le temps de façon systématique sont-ils recommandés ou bien le vécu, douloureux par exemple, des patients suffit-il à justifier une nouvelle consultation ? Doit-on prévoir les futures consultations au risque d'inscrire le patient dans une dépendance envers son thérapeute ? Ou bien se préoccuper uniquement des patients qui reviennent spontanément… La réponse est propre à chaque médecin en fonction des relations qu'il établit avec son patient dont il connaît souvent très bien le mode de fonctionnement.

c) Platts (25) met en avant un état de fait important. Quelque soit le groupe d'allocation, au moins 25% des patients consultent une information écrite correspondant à leur état de santé. Cela s'explique par la très grande disponibilité de l'information médicale en particulier sur internet ; et par la liberté des patients dans la gestion de leur santé, revendiquant une certaine autonomie.

d) L'apprentissage de l'utilisation des FIPs est parfois également l'occasion pour les médecins généralistes d'améliorer leurs pratiques (16) et de se rapprocher des

recommandations éditées par les Hautes Autorités de Santé. Les médecins généralistes ont ainsi le sentiment de bien faire et de rendre service à leurs patients. Une information écrite pourrait permettre aux médecins de pratiquer une médecine de meilleure qualité dans la mesure où elle les aiderait à prendre en charge leurs patients lors des consultations. Une proposition serait de favoriser l'édition d'une FIP lorsque le médecin renseigne la case « diagnostic » de son logiciel métier en fin de consultation ; lui permettant d'échanger avec son patient sur les objectifs principaux de sa prise en charge.

3. Résonnance avec la littérature générale :

Actuellement à Grenoble, le Dr Sustersic mène un projet de recherche complexe autour de la question de l'information écrite au patient. Ce projet s'inscrit dans la suite logique de son travail de thèse présenté en 2007 (18) et cherche notamment à valider les 125 FIPs créées à cette occasion, mais également à mettre au point des outils simples pour le généraliste afin d'améliorer sa communication.

Notre perception de la problématique concernant l'information écrite au patient après ce travail reste mitigée. L'information écrite semble avoir un intérêt. Mais, notre exercice médical est régi par des recommandations qui s'inscrivent dans une logique de médecine fondée sur les preuves. Or, un patient est un individu unique à qui l'on ne peut pas appliquer de recette toute faite afin de le conduire vers ce que nous souhaiterions le plus (adéquation avec les recommandations). Ses croyances, sa culture, son vécu, ses peurs, sa personnalité font de lui une entité à part non reproductible. Faut-il continuer à vouloir faire de nos patients des standards chez qui l'on pourrait prédire à l'avance l'impact d'une fiche de recommandations et d'explications sur leurs comportements à venir ? La standardisation des informations écrites comme recommandée par la HAS (53) ne leur permet pas toujours de se mouler correctement aux reliefs uniques du patient qui dès lors n'en retire qu'un bénéfice partiel.

En 1989 Roland et Dixon (19) écrivaient déjà : l'information écrite n'a de sens que si elle est attendue par le patient et qu'elle est donnée par le médecin généraliste au cours de la consultation.

Si elle est adaptée à la population visée, elle ne présente pas d'effet négatif et reste un moyen simple à mettre en œuvre et peu coûteux.

THESE SOUTENUE PAR : Alix ISAAC (MANDIL)

***TITRE :* Impact de la remise d'une information écrite au cours de la consultation en médecine de premier recours par le professionnel de santé sur les connaissances, attitudes et comportements des patients : une revue de la littérature.**

CONCLUSIONS

La communication en consultation de médecine est un déterminant de l'efficacité des soins. Ces dernières années, les « Fiches Informations Patient » connaissent un développement important tant par leur facilité d'utilisation que leur faible coût. Nous avons donc cherché à savoir quels étaient leurs impacts sur les connaissances, attitudes et comportements des patients en médecine de premier recours en faisant une revue de la littérature.

Nous avons interrogé les bases de données MEDLINE, COCHRANE LIBRARY, WEB OF SCIENCE, PASCAL, ERIC, FRANCIS, GOOGLE SCHOLAR, TRIPDATABASE, PUBPSYCH, la BDSP, EMBASE et CAIRN et passé en revue l'ensemble des références des articles lus. Les mots clés principaux utilisés étaient : « *pamphlet* » « *fiche information patient* » ; « *guideline adhérence* », « *patient education as topic* », « *self care* » ; « *general practice* », « *ambulatory care* », « *primary health care* ». Nous avons inclus les essais contrôlés randomisés, revues de la littérature et métanalyses, en validant leur qualité méthodologique selon les échelles *CONSORT 2010* ou *PRISMA 2009.*

Les équations de recherche ont rapporté 1114 résultats dont 178 doublons. Après lecture des titres, résumés, méthodes et textes intégraux, 14 articles ont été retenus pour l'analyse finale ; répartis en 10 ECRs, 3 revues de la littérature et 1 métanalyse publiés entre 1989 et 2013. Les essais contrôlés randomisés nous révèlent une amélioration essentiellement portée sur les connaissances des patients. Concernant la modification des attitudes ou des comportements, cela est moins probant. L'impact varie en fonction du domaine et des

pathologies rencontrées ainsi que des populations visées. Les revues de littérature et métanalyse publiées viennent confirmer ce propos.

Nous pensons alors que centrer la prise en charge sur les attentes du patient et ses capacités de compréhension apporterait de meilleurs résultats sur les attitudes et les comportements. Les FIPs sont des outils intéressants, facilement disponibles et appréciés. Faire évoluer les attitudes ou les comportements passe donc principalement par une relation patient-médecin de qualité. L'information écrite sur ces domaines viendrait en complément.

Ce travail laisse entrevoir plusieurs pistes de réflexion dans le futur. Une étude de l'utilisation de FIPs intégrées au logiciel professionnel des médecins généralistes permettrait d'en explorer leur diffusion dans leurs pratiques au quotidien. Une analyse secondaire de l'impact de ces FIPs sur leurs comportements devrait montrer une amélioration de leurs pratiques. Il pourrait enfin être intéressant de mener une étude qualitative par focus groupe afin de connaître l'avis des patients concernant la remise d'une information écrite au cours de la consultation.

VU ET PERMIS D'IMPRIMER

Grenoble, le 11/6/2014

LE DOYEN

J.P. ROMANET

LE PRESIDENT DE LA THESE

PROFESSEUR Thierry BOUGEROL

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ANNEXES

1. Annexe 1 : Equations de recherche

- COCHRANE LIBRARY : le 26/05/2014 ➔ 78 résultats (uniquement des doublons) ; 1 résultat dans « évaluation économique »

#1	MeSH descriptor: [Pamphlets] explode all trees	m	614
#2	MeSH descriptor: [General Practice] explode all trees	m	2307
#3	MeSH descriptor: [Self Care] explode all trees	m	3847
Edit #4	#1 and #2 and #3		9
#5	MeSH descriptor: [Pamphlets] explode all trees	m	614
#6	MeSH descriptor: [Primary Health Care] explode all trees	m	3740
#7	MeSH descriptor: [General Practice] explode all trees	m	2307
#8	MeSH descriptor: [Family Practice] explode all trees	m	2126
#9	MeSH descriptor: [Patient Education Handout] explode all trees	m	0
#10	MeSH descriptor: [Ambulatory Care] explode all trees	m	3450
#11	MeSH descriptor: [Emergency Service, Hospital] explode all trees	m	1777
#12	MeSH descriptor: [Physician-Patient Relations] explode all trees	m	1059
Edit #13	#12 or #11 or #10 or #8 or #7 or #6		11395
Edit #14	#5 or #9		614
#15	MeSH descriptor: [Guideline Adherence] explode all trees	m	721
#16	MeSH descriptor: [Patient Education as Topic] explode all trees	m	6541
#17	MeSH descriptor: [Self Care] explode all trees	m	3847
#18	MeSH descriptor: [Patient Acceptance of Health Care] explode all trees	m	19476
#19	MeSH descriptor: [Patient Participation] explode all trees	m	866
Edit #20	#15 or #16 or #17 or #18 or #19		26789
#21	#14 and #20 and #13		78

- PASCAL, ERIC, FRANCIS : le 13/03/2014

1) En français ➔ 13 résultats dont 0 nouveaux

(fiche information* patient* OR livret* OR information* ecrit* OR notice*) AND (autosoin* OR adherence* recommandation* OR adherence* therap* OR participation* patient* OR education* patient* OR education* sante*) AND (medecin* general* OR soin* ambulatoire* OR soin* primaire* OR medecin* famille* OR urgence* OR relation*)*

2) En anglais ➔ 54 résultats dont 0 nouveaux

(gener pratic* OR ambulator* care* OR primary* health* care* OR famil* pract* OR emerg* OR relation*) AND (guideline* adherence* OR patient* educ* OR self* care* OR patient* accept* OR patient* particip*) AND (pamphlet* OR leaflet* OR booklet* OR patient* educ* handout*)*

- EMBASE : le 27/02/2014 ➔ 78 résultats

« written information » AND « physician-patient relation »/exp

- GOOGLE SCHOLAR

- Équation : *« information patient » écrit + « médecine générale »*
    - 36 résultats le 04/01/2014
    - création d'une alerte hebdomadaire
    - pas de nouveau documents retrouvés

- CAIRN

Le 28/12/2013 ➔ 4 résultats, aucun nouveau
« Information écrite » + « Relation médecin »

- TRIPDATABASE

- Le 28/12/2013
- Site : *www.tripdatabase.com/search/advanced*
- Équation (interrogation en anglais) : *« patient information leaflet »+ « primary care »*
    - 544 résultats
    - pas de nouveau documents retrouvés

- PUBPSYCH

- Le 28/12/2013
- Site : *www.pubpsych.eu/?lang=FR*
- Équation : *« information* patient* médecine générale »*
    - 43 résultats
    - pas de nouveau documents retrouvés

- BDSP

- Le 28/12/2013
- Site : *http://www.bdsp.ehesp.fr/Base/*
- Équation recherche : *« information patient écrit médecine générale »*
    - aucun résultat
- Équation 2 : *« information écrite médecine générale »*
    - 5 résultats
    - pas de nouveau documents retrouvés

2. Annexe 2 : Construction de notre équation de recherche

1) EQUATION 1 : FIP

Mots clés	Résultats dans Medline via le portail CISMeF	Nombre de références en croisant chaque mot clé avec « OR »
Pamphlet	3 538	7 416
Fiche information patient	3 885	

2) EQUATION 2 : ADHERENCE

Mots clés	Résultats dans Medline via le portail CISMeF	Nombre de références en croisant chaque mot clé avec « OR »
Guideline adherence	17 227	245 615
Patient éducation as topic	66 360	
Self care	33 660	
Patient acceptance of health care	153 166	
Patient participation	16 324	

3) EQUATION 3 : MG

Mots clés	Résultats dans Medline via le portail CISMeF	Nombre de références en croisant chaque mot clé avec « OR »
General practice	50 763	273 134
Ambulatory care	41 414	
Primary health care	66 341	
Family practice	48 049	
Emergency service	81 703	
Physician-patient relation	52 773	

EQUATION FINALE :

1 « AND » 2 « AND » 3 = 249 références à étudier.

Processus de sélection des articles par étapes :

- Lecture du titre et du résumé
- Lecture de la méthode
- Lecture du texte intégral

3. Annexe 3 Equation de recherche MEDLINE (le 26/05/2014)

(((((("Patient Education Handout"[PT])) OR (("pamphlets"[MH] OR (("booklet"[TIAB] OR "pamphlet"[TIAB] OR "brochures"[TIAB] OR "booklets"[TIAB] OR "brochure"[TIAB] OR "pamphlets"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))))) AND ((((((((("guideline adherence"[MH] OR (("compliance, protocol"[TIAB] OR "policy compliance"[TIAB] OR "guideline adherence"[TIAB] OR "compliance, policy"[TIAB] OR "adherence, guideline"[TIAB] OR "protocol compliance"[TIAB] OR "adherence, institutional"[TIAB] OR "institutional adherence"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb]))))) AND Humans[Mesh])) OR ((("patient education as topic"[MH] OR (("patient education (procedure)"[TIAB] OR "patient education, nos"[TIAB] OR "patient education"[TIAB] OR "patient education"[TIAB] OR "education, patient"[TIAB] OR "education of patients"[TIAB] OR "patient education (regime/therapy)"[TIAB] OR "patient education as topic"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("self care"[MH] OR (("selfcareact"[TIAB] OR "care, self"[TIAB] OR "self-management"[TIAB] OR "personal care treatments and procedures"[TIAB] OR "self care"[TIAB] OR "self-care interventions (procedure)"[TIAB] OR "self management"[TIAB] OR "self management"[TIAB] OR "personal care"[TIAB] OR "self-care interventions"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("patient acceptance of health care"[MH] OR (("healthcare patient acceptances"[TIAB] OR "nonacceptor"[TIAB] OR "nonacceptor characteristics"[TIAB] OR "acceptor, new"[TIAB] OR "healthcare patient acceptance"[TIAB] OR "acceptors"[TIAB] OR "acceptor characteristic"[TIAB] OR "acceptor characteristics"[TIAB] OR "patient acceptance of health care"[TIAB] OR "new acceptor"[TIAB] OR "characteristics, nonacceptor"[TIAB] OR "healthcare acceptabilities"[TIAB] OR "characteristics, acceptor"[TIAB] OR "health care seeking behavior"[TIAB] OR "new acceptors"[TIAB] OR "acceptability of health care"[TIAB] OR "nonacceptors"[TIAB] OR "characteristic, acceptor"[TIAB] OR "repeat acceptors"[TIAB] OR "acceptor, repeat"[TIAB] OR "acceptability, method"[TIAB] OR "method acceptability"[TIAB] OR "healthcare acceptability"[TIAB] OR "program acceptability"[TIAB] OR "acceptability of healthcare"[TIAB] OR "characteristic, nonacceptor"[TIAB] OR "acceptors, new"[TIAB] OR "repeat acceptor"[TIAB] OR "acceptors, repeat"[TIAB] OR "acceptability, program"[TIAB] OR "health care acceptability"[TIAB] OR "nonacceptor characteristic"[TIAB] OR "patient acceptance of healthcare"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("patient participation"[MH] OR (("rate, patient participation"[TIAB] OR "participation, patient"[TIAB] OR "patient participation"[TIAB] OR "participation rate, patient"[TIAB] OR "patient participation rates"[TIAB] OR "client participation"[TIAB] OR "participation rates, patient"[TIAB] OR "rates, patient participation"[TIAB] OR "patient participation rate"[TIAB] OR "client participation (procedure)"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh]))) AND (((((((("general practice"[MH] OR (("general practice"[TIAB] OR "practice, general"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("ambulatory care"[MH] OR (("outpatient health service"[TIAB] OR "urgent care"[TIAB] OR "services, outpatient health"[TIAB] OR "visits, clinic"[TIAB] OR "urgent cares"[TIAB] OR "health services, outpatient"[TIAB] OR "care, urgent"[TIAB] OR "clinic visit"[TIAB] OR "service, outpatient health"[TIAB] OR "care, outpatient"[TIAB] OR "health service, outpatient"[TIAB] OR "cares, urgent"[TIAB] OR "outpatient health services"[TIAB] OR "outpatient care"[TIAB] OR "clinic visits"[TIAB] OR "ambulatory care"[TIAB] OR "visit, clinic"[TIAB] OR "care, ambulatory"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("primary health care"[MH] OR (("primary healthcare"[TIAB] OR "primary health care"[TIAB] OR "care, primary"[TIAB] OR "primary care"[TIAB] OR "care, primary health"[TIAB] OR "health care, primary"[TIAB] OR "healthcare, primary"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("family practice"[MH] OR (("practices, general"[TIAB] OR "practices, family"[TIAB] OR "family practice (qualifier value)"[TIAB] OR "family practice"[TIAB] OR "practice, family"[TIAB] OR "family medicine"[TIAB] OR "family practices"[TIAB] OR "family practice"[TIAB] OR "general practices"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("emergency medical services"[MH] OR (("emergency medical services"[TIAB] OR "emergency care, prehospital"[TIAB] OR "prehospital emergency care"[TIAB] OR "emergency care"[TIAB] OR "services, medical emergency"[TIAB] OR "health service, emergency"[TIAB] OR "service, emergency medical"[TIAB] OR "services, emergency health"[TIAB] OR "medical services, emergency"[TIAB] OR "emergency medical services"[TIAB] OR "emergency care"[TIAB] OR "emergicenter"[TIAB] OR "emergency medical services (qualifier value)"[TIAB] OR "medical emergency services"[TIAB] OR "emergicenters"[TIAB] OR "emergency service, medical"[TIAB] OR "medical service, emergency"[TIAB] OR "services, emergency medical"[TIAB] OR "health services, emergency"[TIAB] OR "service, medical emergency"[TIAB] OR "service, emergency health"[TIAB] OR "emergency health service"[TIAB] OR "emergency services, medical"[TIAB] OR "emergency medical service"[TIAB] OR "medical emergency service"[TIAB] OR "emergency health services"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh])) OR ((("physician-patient relations"[MH] OR (("relations, doctor patient"[TIAB] OR "relation, physician-patient"[TIAB] OR "relationship, physician patient"[TIAB] OR "relations, physician patient"[TIAB] OR "relations, doctor-patient"[TIAB] OR "relation, doctor patient"[TIAB] OR "doctor-patient relations"[TIAB] OR "physician patient relationships"[TIAB] OR "relationships, physician patient"[TIAB] OR "physician-patient relation"[TIAB] OR "doctor patient relations"[TIAB] OR "doctor-patient relation"[TIAB] OR "relations, physician-patient"[TIAB] OR "physician patient relation"[TIAB] OR "physician-patient relations"[TIAB] OR "physician patient relationship"[TIAB] OR "relation, doctor-patient"[TIAB] OR "doctor patient relation"[TIAB] OR "physician patient relations"[TIAB] OR "relation, physician patient"[TIAB]) NOT (MEDLINE[SB] OR oldmedline[sb])))) AND Humans[Mesh]))

4. Annexe 4 : Résultats

N°	Titre	1er auteur	Retenu	Infos
	MEDLINE			
1	Individual nursing care for Parkinson patients	Hantikainen V	non	/
2	Summaries for patients. Primary care interventions to prevent tobacco use in children and adolescents: U.S. Preventive Services Task Force recommendation statement.	[No authors listed]	non	/
3	[Information and active patient participation using an interactive booklet in the prescription of antihypertensive drugs in primary care].	Keriel-Gascou M	non	/
4	Evaluation of an interactive program for preventing adverse drug events in primary care: study protocol of the InPAct cluster randomised stepped wedge trial.	Keriel-Gascou M	non	protocole, RCT non publié
5	Parental knowledge of radiation exposure in medical imaging used in the pediatric emergency department.	Hartwig HD	non	/
6	SMART MOVE - a smartphone-based intervention to promote physical activity in primary care: study protocol for a randomized controlled trial.	Glynn LG	non	/
7	What do we tell patients about elective total hip replacement in the UK? An analysis of patient literature.	Drummond A	non	/
8	The doctor-patient relationship: capturing the ideal.	[No authors listed]	non	/
9	Medicines and bone loss.	Bollerslev J	non	/
10	Promoting colorectal cancer screening discussion: a randomized controlled trial.	Christy SM	non	2 types de FIP (standard et sur-mesure)
11	Effectiveness of medicines review with web-based pharmaceutical treatment algorithms in reducing potentially inappropriate prescribing in older people in primary care: a cluster randomized trial (OPTI-SCRIPT study protocol).	Clyne B	non	/
12	The clinical and cost-effectiveness of the BRinging Information and Guided Help Together (BRIGHT) intervention for the self-management support of people with stage 3 chronic kidney disease in primary care: study protocol for a randomized controlled trial.	Blickem C	non	protocole, mail pour résultats envoyé le 3/3/14
13	The role of fear of movement in subacute whiplash-associated disorders grades I and II.	Robinson JP	non	FIP gpe contrôle
14	Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial.	Kaner E	non	FIP gpe contrôle
15	Patient information page. Goiter.	[No authors listed]	non	/
16	Patient leaflets are worthless.	Spence D	non	discussion
17	Patient information page from the Hormone Health Network. Female sexual dysfunction.	[No authors listed]	non	/
18	Randomized trial of distance-based treatment for young children with discipline problems seen in primary health care.	Reid GJ	non	/
19	The information needs and preferences of persons with longstanding inflammatory bowel disease.	Wong S	non	/
20	effective strategy for improving instruction for analgesic use in ED	Hoek	non	source : univadis
21	Information about medication in HIV-infected patients and its relation to adherence.	Korb-Savoldelli V	non	analyse les sources d'info des patients

22	Impact of information leaflets on behavior of patients with gastroenteritis or tonsillitis: a cluster randomized trial in French primary care.	Sustersic M	oui	inclus
23	Designing written patient information in primary dental care: the right tools for the job.	Elledge RO	non	/
24	Clinical and cost effectiveness of booklet based vestibular rehabilitation for chronic dizziness in primary care: single blind, parallel group, pragmatic, randomised controlled trial.	Yardley L	non	envoi par la poste/mail
25	Usability of FDA-approved medication guides.	Wolf MS	non	/
26	[Monitoring and evaluation tools for irinotecan and bevacizumab in glioblastoma: from prescription to patient's information].	Hassani Y	non	/
27	Costs and difficulties of recruiting patients to provide e-health support: pilot study in one primary care trust.	Jones RB	non	/
28	A simple booklet for patient follow-up after endovascular abdominal aortic aneurysm repair procedures.	Antoniadis PN	non	/
29	[He that knows nothing doubts nothing: availability of foreign language patient education material for immigrant patients in Germany - a survey].	Bungartz J	non	/
30	The changing face of informed surgical consent.	Oosthuizen JC	non	/
31	Establishing a community-run GP-supervised self-care program for minor illnesses in remote areas in Taiwan: an observational study.	Chiu YK	non	/
32	Brief motivational interview and educational brochure in emergency room settings for adolescents and young adults with alcohol-related problems: a randomized single-blind clinical trial.	Segatto ML	non	FIP gpe contrôle
33	Practitioner and lay perspectives of the service provision of nutrition information leaflets in primary care.	McClinchy J	non	/
34	Activity Increase Despite Arthritis (AÏDA): phase II randomised controlled trial of an active management booklet for hip and knee osteoarthritis in primary care.	Williams NH	non	RCT non mené mail du 3/3/14
35	[Information about self-help groups: a must in every waiting room].	Nader D.	non	/
36	Practice nursed-based, individual and video-assisted patient education in oral anticoagulation--protocol of a cluster-randomized controlled trial.	Hua TD	non	mail le 3/3/14 pour RCT final
37	It's leaflet, leaflet, leaflet then, "see you later"': black Caribbean women's perceptions of perinatal mental health care.	Edge D	non	/
38	What do the patients with medication overuse headache expect from treatment and what are the preferred sources of information?	Russell MB	non	/
39	Multimedia patient education to assist the informed consent process for knee arthroscopy.	Cornoiu A	non	/
40	Minor head injury in the Republic of Ireland: evaluation of written information given at discharge from emergency departments.	Peachey T	non	évalue la qualité des FIP
41	Summaries for patients: Evaluating telephone calls to help reduce pain in patients with hip or knee arthritis.	[No authors listed]	non	/
42	A picture speaks a thousand words: evaluation of a pictorial post-vaccination care resource in Australia	Ali H	non	étude quali
43	Media and memory: the efficacy of video and print materials for promoting patient education about asthma.	Wilson EA	non	soins secondaires
44	Multicenter study of preferences for health education in the emergency department population.	Kit Delgado M	non	/
45	Implementing Ask Me 3 to improve African American patient satisfaction and perceptions of physician cultural competency.	Michalopoulou G	non	soins secondaires
46	Evaluation of a toolkit to improve cardiovascular disease screening and treatment for people with type 2 diabetes: protocol for a cluster-randomized pragmatic trial.	Shah BR	non	mail pour résultats le 3/3/14

47	Readability of information leaflets given to attenders at hospital with a head injury.	Macdonald S	non	/
48	For the patient. Patients using alternative medicine solutions should discuss it with their doctors.	[No authors listed]	non	/
49	Information from your family doctor. How to breathe easier if you have asthma.	[No authors listed]	non	/
50	Information for patients with low back pain: from research to clinical practice.	Marty M,	non	avis d'expert
51	At the dentist, you're home, sweet home.	Poland C 3rd	non	/
52	Preventive (prophylactic) therapy.	Rothrock JF	non	/
53	Effect of using an interactive booklet about childhood respiratory tract infections in primary care consultations on reconsulting and antibiotic prescribing: a cluster randomised controlled trial.	Francis NA	oui	inclus
54	Intervention improves physician counseling on teen driving safety.	Campbell BT	non	/
55	Screening and brief interventions for hazardous alcohol use in accident and emergency departments: a randomised controlled trial protocol.	Coulton S	non	/
56	Patient education program slashes ED readmissions.	[No authors listed]	non	avis expert
57	Patient-centered tinnitus management tool: a clinical audit.	Aazh H	non	/
58	Information sheets for patients with acute chest pain: randomised controlled trial.	Arnold J	oui	inclus
59	Designing patient-focused information: an opportunity for communicating anatomically related information.	Evans DJ.	non	FIP créés pr enseignement communication
60	The effect of Transtheoretical Model based interventions on smoking cessation.	Aveyard P	non	pas de FIP
61	Reducing unnecessary prescriptions of antibiotics for acute cough: adaptation of a leaflet aimed at Turkish immigrants in Germany.	Sahlan S,	non	quali
62	Sharing knowledge is the key to success in a patient-physician relationship: how to produce a patient information leaflet on COPD.	Scala D	non	/
63	Patient page. Epilepsy and pregnancy: are seizure medications safe?	Karceski S.	non	/
64	Using decision aids in community-based primary care: a theory-driven evaluation with ethnically diverse patients.	Frosch DL	non	FIP ou vidéo
65	Are printed sexually transmissible infection materials for patients appropriate? A physician perspective.	Khan A	non	/
66	Entertainment education for prostate cancer screening: a randomized trial among primary care patients with low health literacy.	Volk RJ	non	par ordi
67	Developing an 'interactive' booklet on respiratory tract infections in children for use in primary care consultations.	Francis N	non	/
68	Information from your family doctor. Labor and delivery: what you should know.	American Academy of Family Physicians.	non	/
69	The "You Are Not Alone" care program for liver transplantation.	Baldoni L	non	/
70	Brief alcohol intervention in the emergency department: moderators of effectiveness.	Walton MA	non	les 4 gpes recoivent une FIP
71	Using plain language skills to create an educational brochure about sperm banking for adolescent and young adult males with cancer.	Nagel K	non	/

72	Information from your family doctor. Benign prostatic hyperplasia: what you should know.	American Academy of Family Physicians.	non	/
73	Asthma management plans for children can lead to a healthier life.	Piper CN	non	/
74	Encouraging American Indians, Alaska Natives to participate in cancer clinical trials.	LaVallie DL	non	/
75	Effects of an intervention brochure on emergency department patients' safe alcohol use and knowledge.	Wang TC	non	Consort=9
76	Assessment of wound pain: overview and a new initiative.	Young T.	non	/
77	Patients' responsiveness to a decision support tool for primary prevention of cardiovascular diseases in primary care.	van Steenkiste B	non	pas RCT
78	Dangers of cough and cold medicines: new advisory.	Newell A.	non	/
79	[Going through the operating room].	Grenié B	non	/
80	Predicting the duration of symptoms in lower respiratory tract infection.	Moore M	non	pas de FIP
81	Use of a decision aid for prenatal testing of fetal abnormalities to improve women's informed decision making: a cluster randomised controlled trial [ISRCTN22532458].	Nagle C	non	Fip gpe contrôle
82	Effects of written information material on help-seeking behavior in patients with erectile dysfunction: a longitudinal study.	Berner MM	non	/
83	Overcoming poor attendance to first scheduled colonoscopy: a randomized trial of peer coach or brochure support.	Turner BJ	non	par mail
84	A practice brochure: complement to, not supplement for, good physician-patient interaction.	Fosse K	non	pas de randomisation, confirmé par mail le 3/3/14
85	A systematic approach for providing concrete services and discharge planning based on using information handouts.	Kinnaird W.	non	/
86	Critical appraisal of apparently evidence-based written advertising in Pakistan.		non	/
87	Prime positioning.	Swerdlick M.	non	/
88	Easy to write? Creating easy-to-read patient education materials.	Karten C.	non	/
89	Effect of a simple information booklet on pain persistence after an acute episode of low back pain: a non-randomized trial in a primary care setting.	Coudeyre E	oui	inclus, confirmation que méthode avec randomisation par mail
90	Using tailored telephone counseling to accelerate the adoption of colorectal cancer screening.	Costanza ME	non	/
91	The effect of drug information leaflets on patient behavior.	Vinker S	non	quali
92	Summaries for patients. Different ways to describe the benefits of risk-reducing treatments.	[No authors listed]	non	/
93	Educating patients about their medications: the potential and limitations of written drug information.	Shrank WH	non	évalue la qualité des notices de médicaments
94	Patient's page: facts about abnormal uterine bleeding.	Garland B.	non	/

95	A survey of information given to head-injured patients on direct discharge from emergency departments in Scotland.	Kerr J	non	évalue qualité des FIP sur TC en Ecosse
96	Social marketing meets health literacy: Innovative improvement of health care providers' comfort with patient interaction.	Primack BA	non	/
97	Development of atopic dermatitis-specific communication tools: Interview form and question and answer brochure.	Ogawa S	non	/
98	Effective osteoporosis education in the outpatient orthopaedic setting.	Schulman JE,	non	/
99	Effect of providing information about normal test results on patients' reassurance: randomised controlled trial.	Petrie KJ	non	soins secondaires
100	Development of a series of patient information leaflets for constipation using a range of cognitive interview techniques: LIFELAX.	Lake AA	non	/
101	Teaching testicular self-examination in the pediatric outpatient setting: a survey of pediatricians and family doctors.	Horowitz AL	non	/
102	Effects of a tailored interactive multimedia computer program on determinants of colorectal cancer screening: a randomized controlled pilot study in physician offices.	Jerant A	non	pas de Fip remise en consultation
103	Broken bones and fractures - an audit of patients' perceptions.	Kampa RJ	non	/
104	Summaries for patients. Can a coordinated system of care improve the quality of care for people with dementia?	v	non	/
105	Enhanced provider communication and patient education regarding return to work in cancer survivors following curative treatment: a pilot study.	Nieuwenhuijsen K	non	pas de randomisation
106	Randomized trial of two physiotherapy interventions for primary care neck and back pain patients: 'McKenzie' vs brief physiotherapy pain management.	Moffett JK	non	/
107	A proposal for an evidenced-based emergency department discharge form for mild traumatic brain injury.	Fung M,	non	étudie la qualité des FIP sur TC
108	[The effects of informing patients and their relatives on satisfaction at emergency units].	Bulut H.	non	/
109	Summaries for patients. Decision support in primary care and depression outcomes.	[No authors listed]	non	/
110	Project IMPACT: a report on barriers and facilitators to sustainability.	Blasinsky M	non	/
111	Patient information on cognitive symptoms in multiple sclerosis - acceptability in relation to disease duration.	Heesen C	non	soins secondaires
112	A critical review of FDA-approved Medication Guides.	Wolf MS	non	/
113	The verbal numeric pain scale: effects of patient education on self-reports of pain.	Marco CA	non	/
114	A randomised controlled trial of management strategies for acute infective conjunctivitis in general practice.	Everitt HA	non	non, évaluation satisfaction, IC comprend 1
115	Infant hearing screening: stakeholder recommendations for parent-centered communication.	Arnold CL	non	/
116	Summaries for patients. Patient ratings of the overall quality of care in 2 managed care organizations were not associated with measures of the technical quality of care.	[No authors listed]	non	/
117	Evaluation of a decision aid for prenatal testing of fetal abnormalities: a cluster randomised trial [ISRCTN22532458].	Nagle C	non	FIP gpe contrôle
118	Impact of an information booklet on satisfaction and decision-making about BRCA genetic testing.	Mancini J	non	soins secondaires
119	Summaries for patients. Comparison of 3 strategies to improve the care of patients with pneumonia	[No authors listed]	non	/

	treated in the emergency department.			
120	Information from your family doctor. Cluster headaches: what you should know.	American Academy of Family Physicians.	non	/
121	Preoperative visiting: landmarks of the journey.	Holmes J.	non	/
122	Does stimulating self-care increase self-care behaviour for minor illnesses of Dutch and Turkish inhabitants of a deprived area in The Netherlands?	Plass AM	non	pas RCT
123	Guide to care for patients. Obesity.	[No authors listed]	non	/
124	Patient perspectives on research recruitment through cancer registries.	Beskow LM	non	/
125	Effectiveness of providing self-help information following acute traumatic injury: randomised controlled trial.	Turpin G	non	par la poste
126	Information leaflet and antibiotic prescribing strategies for acute lower respiratory tract infection: a randomized controlled trial.	Little P	oui	inclus
127	Evidence-based patient choice: a prostate cancer decision aid in plain language.	Holmes-Rovner M	non	/
128	The role of written provider communication in external client participation.	Dellande S	non	pas en consultation
129	Beliefs and behavior of deceivers in a randomized, controlled trial of anti-smoking advice at a primary care clinic in Kelantan, Malaysia.	Jackson AA	non	intervention complexe
130	Summaries for patients. Can patients with pneumonia take their antibiotics at home?	[No authors listed]	non	/
131	Patient evaluation of a discharge program following a radical prostatectomy.	Davison BJ	non	/
132	Long-term efficacy of a checklist to improve patient education in cardiology.	Bolman C	non	/
133	Patient education materials for mental health problems in family practice: does location matter?	Craven MA	non	évalue la place de l'information au sein du cabinet
134	Unwanted control: how patients in the primary care setting decide about screening for prostate cancer.	Woolf SH	non	non, site web ou FIP par mail
135	Cancer consultation preparation package: changing patients but not physicians is not enough.	Butow P	non	soins secondaires
136	Health education on self-management and seeking health care in older adults: a randomised trial.	van Eijken M	non	FIP envoi par mail
137	Information provision after mild traumatic brain injury (MTBI): a survey of general practitioners and hospitals in New Zealand.	Moore C	non	/
138	Screening and referral for brief intervention of alcohol-misusing patients in an emergency department: a pragmatic randomised controlled trial.	Crawford MJ	non	FIP gpe contrôle
139	Summaries for patients. A comparison of different programs to improve preventive care for cardiovascular conditions.	[No authors listed]	non	/
140	Does a patient-held health record give rise to lifestyle changes? A study in clinical practice.	Jerdén L	non	/
141	Risk perception of oral cancer in smokers attending primary care: a randomised controlled trial.	Humphris GM	non	cabinet dentaire
142	A survey of the quality of information leaflets on hayfever available from general practices and community pharmacies.	White P	non	/
143	Are doctors' beliefs linked to patient care?	[No authors listed]	non	/
144	Decision analysis for newly diagnosed hypertensive patients: a qualitative investigation.	Weiss MC,	non	/

145	Summaries for patients. The quality of pharmacologic care for older adults in two managed care organizations.	[No authors listed]	non	/
146	An oral cancer information leaflet for smokers in primary care: results from two randomised controlled trials.	Humphris GM	non	cabinet dentaire
147	Summaries for patients. The effects of telling patients about medical errors.	[No authors listed]	non	/
148	[Information leaflets for primary care patients].	Loeches Yagüe B	non	en espagnol
149	Randomised controlled trial of effect of leaflets to empower patients in consultations in primary care.	Little P	non	pas de résultats exploitables
150	Empowering communication: a community-based intervention for patients.	Tran AN	non	avis d'expert
151	Summaries for patients. Communication in health care visits when doctors and patients have the same versus different ethnic backgrounds.	[No authors listed]	non	/
152	Enlist patients in error prevention.	Weiss GG.	non	/
153	Information from your family doctor. Anaphylaxis.	[No authors listed]	non	/
154	Lessons learned: patient recruitment strategies for a type 2 diabetes intervention in a primary care setting [corrected].	Amthauer H	non	par mail
155	The effect of decision aids on the agreement between women's and physicians' decisional conflict about hormone replacement therapy.	Légaré F	non	envoi par mail, FIP gpe contrôle
156	Patient information, risk and choice.	Smith AF.	non	/
157	[Well informed patients are satisfied patients].	Baruch M.	non	/
158	Cardiology patient page. Online program aids heart patients and their doctors.	Yancy C.	non	/
159	[Short intervention in patients with alcohol problems--counseling materials developed by the German Federal Medical Council and the German Federal Center for Health Education].	Lang P	non	/
160	Effect of a GP desktop resource on smoking cessation activities of general practitioners.	McEwen A	non	éducation MG, point de vue patients
161	Information from your family doctor. Dermal electrosurgery shave excision.	[No authors listed]	non	/
162	Information from your family doctor. Lactose intolerance.	[No authors listed]	non	/
163	Summaries for patients. Comparing the quality of diabetes care by generalists and specialists.	[No authors listed]	non	/
164	WAVE: a pocket guide for a brief nutrition dialogue in primary care.	Barner CW	non	pas RCT
165	The effects of patient communication skills training on the discourse of older patients during a primary care interview.	Cegala DJ	non	teste l'obtention d'info en fonction préparation de la consultation
166	Parental education and guided self-management of asthma and wheezing in the pre-school child: a randomised controlled trial.	Stevens CA	non	soins secondaires
167	Reducing antibiotic use for acute bronchitis in primary care: blinded, randomised controlled trial of patient information leaflet.	Macfarlane J	non	consort 15
168	A frequently used patient and physician-directed educational intervention does nothing to improve primary care of prostate conditions.	Hammond CS,	non	par mail
169	Evaluation of the quality of patient information to support informed shared decision-making.	Godolphin W	non	évalue qualité FIP
170	The influence of medical information on the perioperative course of stress in cardiac surgery patients.	Bergmann P	non	/

171	Randomised trial of the psychological effect of information about oral cancer in primary care settings.	Humphris GM	non	cabinet dentaire
172	Assessment of impact of information booklets on use of healthcare services: randomised controlled trial.	Heaney D	non	par la poste
173	The influence of counselling on patient return following uncomplicated posterior vitreous detachment.	Singh AJ	non	pas RCT
174	Audit of pain management at home following tonsillectomy in children.	Homer JJ	non	/
175	Information booklets for patients with major bowel resection.	Taylor C	non	étude quali
176	The use of patient information leaflets in surgery.	Goldie B.	non	/
177	A checklist to improve patient education in a cardiology outpatient setting.	Martinali J	non	/
178	Helping patients decide about back surgery: a randomized trial of an interactive video program.	Phelan EA	non	/
179	Immediate knowledge increase from an oral cancer information leaflet in patients attending a primary health care facility: a randomised controlled trial.	Humphris GM	non	cabinet dentaire
180	Videotape-based decision aid for colon cancer screening. A randomized, controlled trial.	Pignone M	non	/
181	Impact of mailing information about nonurgent care on emergency department visits by Medicaid beneficiaries enrolled in managed care.	Rector TS	non	/
182	Informed consent.	Bennett JR.	non	/
183	[Understanding the information booklet "For a better understanding of radiotherapy"].	Hoarau H	non	/
184	[Information the family physician gives his patients to take home. Utilization, contents and origin of printed information].	Linden M	non	point de vue du MG
185	[Self-care and education for the asthmatic patient].	Alonso Lebrero E	non	/
186	Patient education literature and help seeking behaviour: perspectives from an evaluation in the United Kingdom.	Milewa T	non	pas RCT
187	Practice information on audiotape for visually-impaired patients.	Clark CE	non	/
188	Where to find practical patient education materials. Empowering your patients without spending a lot of time and money.	Bergeron BP.	non	/
189	Use of a low-literacy patient education tool to enhance pneumococcal vaccination rates. A randomized controlled trial.	Jacobson TA	non	teste 2 FIP
190	Tailored advice on exercise--does it make a difference?	Bull FC	non	par la poste, pas de randomisation ?
191	A PIL for every ill? Patient information leaflets (PILs): a review of past, present and future use.	Kenny T	non	pas de RCTs inclus
192	Reducing consultations for symptoms of cystitis using a health education leaflet.	Banks JC	non	pas RCT
193	Pamphlets for your patients. Mental health.	Meisler JG	non	/
194	Patient education program.	[No authors listed]	non	/
195	Preventive health pamphlets in the emergency department.	Berger P	non	pas RCT
196	Evaluation of readability and accuracy of information leaflets in general practice for patients with asthma.	Smith H	non	/
197	Prescribing patient information leaflets may be better than prescribing drugs.	Kenny T	non	avis d'expert
198	Improving comprehension for cancer patients with low literacy skills: strategies for clinicians.	Doak CC	non	/
199	Information leaflet for lower respiratory illness.	Richard D	non	/

200	Educational material about genetic tests: does it provide key information for patients and practitioners?	Cho MK	non	/
201	Call fast, Call 911': a direct mail campaign to reduce patient delay in acute myocardial infarction.	Meischke H	non	/
202	The education of depressed primary care patients: what do patients think of interactive booklets and a video?	Robinson P	non	intervention = 2 FIP + 1 vidéo
203	Activating patients to practice skin cancer prevention: response to mailed materials from physicians versus HMOs.	Gerbert B	non	/
204	Comparative evaluation of patient information leaflets by pharmacists, doctors and the general public.	Mottram DR	non	/
205	The effect on compliance of a health education leaflet in colorectal cancer screening in general practice in central England.	Hart AR	non	pas RCT, par la poste
206	Innovative system to improve use of patient education materials.	Smith JL	non	/
207	Why are you waiting? Formulating an information pamphlet for use in an accident and emergency department.	Nelson D	non	/
208	A patient's guide to kidney failure.	Carson A	non	/
209	Increasing patient involvement in choosing treatment for early breast cancer.	Street RL Jr	non	/
210	Patient handouts from the internet.	Zelingher J.	non	/
211	Recall, retention, utilisation and acceptability of written health education materials.	Newell S	non	évalue l'impact des FIP en fonction envoi par la poste ou données par MG
212	New directions in information for patients.	Meredith P	non	/
213	ED patient and visitors' guide.	Bradshaw E	non	/
214	Evaluation of a patient education leaflet designed to improve communication in medical consultations.	Frederikson LG	non	gpes non comparables
215	Controlled evaluation of brief intervention by general practitioners to reduce chronic use of benzodiazepines.	Bashir K	non	exclu par consort
216	Health promotion counseling in residency training.	Madlon-Kay DJ	non	/
217	Providing information about advance directives to patients in ambulatory care and their families.	Neumark DE.	non	/
218	Educating asthmatic patients in primary care: a pilot study of small group education.	Thapar A.	non	/
219	NZMA patient information pamphlet on child sexual abuse.	Fancourt R.	non	/
220	How readable are practice leaflets?	Albert T	non	/
221	Smoothing the transition from hospital to home. Patient Learning Center increases quality of care. University of Minnesota Hospital and Clinic.	[No authors listed]	non	/
222	Self help programme for anxiety in general practice: controlled trial of an anxiety management booklet.	Sorby NG	non	/
223	Personal choices--communication among physicians and patients when confronting critical illness.	Fine RL	non	/
224	An evaluation of readable preventive health messages.	Sumner W.	non	Consort mauvaise
225	Patient preferences regarding educational pamphlets in the family practice center.	Shank JC	non	/
226	Practice information leaflets.	Moore R	non	/

227	Strategies for using patient instruction sheets.	Epstein E	non	/
228	Will outpatients complete living wills? A comparison of two interventions.	Hare J	non	/
229	A randomized controlled trial on the effect of an information booklet for young families in Denmark.	Hansen BW	non	pas en consultation
230	[The "health booklet for hypertensive patients"].	Vacheron A	non	/
231	[Is patient education using audiovisual methods helpful?].	Herrmann KS	non	/
232	A handout about tetanus immunisation: influence on immunisation rate in general practice.	Cates CJ	non	pas RCT
233	Smoking cessation during pregnancy: strategies used by Michigan family physicians.	Hickner J	non	/
234	Health promotion. Setting up a lipid clinic.	Simpson M	non	/
235	Randomized controlled trial of an educational booklet for patients presenting with back pain in general practice.	Roland M	oui	inclus
236	A randomized controlled trial of an information booklet for hypertensive patients in general practice.	Watkins CJ	non	envoi par la poste
237	The flu shot study: using multiattribute utility theory to design a vaccination intervention.	Carter WB	non	soins secondaires
238	Educational impact of a Family Practice Clinic Patient Medical Advisor Booklet.	Bertakis KD	non	Consort mauvaise
239	Doctor-patient communication in rheumatology: studies of visual and verbal perception using educational booklets and other graphic material.	Moll JM	non	/
240	Effects of intervention on medication compliance in children with asthma.	Smith NA	non	Soins secondaires
241	Patient education: comparative effectiveness by means of presentation.	Miller G	non	/
242	Maternal serum AFP: educating physicians and the public.	Annas GJ	non	/
243	Prescription information leaflets: a pilot study in general practice.	George CF	non	Randomisation semaines alternées
244	Preparing a leaflet for patient education.	Stone MH	non	/
245	Management of minor illness.	Morrell DC	non	FIP par la poste
246	"They tell you nothing".	[No authors listed]	non	/
247	Education for self-treatment by adult asthmatics.	Maiman LA	non	Consort mauvaise
248	Simple health education about breast cancer in general practice.	Hill D	non	/
249	Educating your patient.	Caplan RM.	non	/
	Web of science			
1	Balance-a pragmatic randomized controlled trial of an online intensive self-help alcohol intervention	Brendryen, H	Non	/
2	Supporting the improvement and management of prescribing for urinary tract infections (SIMPle): protocol for a cluster randomized trial	Duane, S	Non	/
3	Algorithm-based management of patients with gastrointestinal symptoms in patients after pelvic radiation treatment (ORBIT): a randomised controlled trial	Andreyev, HJN	Non	soins secondaires
4	A tailored implementation intervention to implement recommendations addressing polypharmacy in multimorbid patients: study protocol of a cluster randomized controlled trial	Jager, C	Non	/
5	The Effects of Training on Inhaler Technique and Quality Of Life in Patients with COPD	Goris, S	Non	pas RCT
6	Patients' perceptions of the potential of breathing training for asthma: a qualitative study	Arden-Close, E	Non	/

7	Effectiveness and cost effectiveness of guided online treatment for patients with major depressive disorder on a waiting list for psychotherapy: study protocol of a randomized controlled trial	Kenter, RMF	Non	/
8	Patient reported barriers and facilitators to using a self-management booklet for hip and knee osteoarthritis in primary care: results of a qualitative interview study	Cuperus, N	Non	/
9	Parents' and clinicians' views of an interactive booklet about respiratory tract infections in children: a qualitative process evaluation of the EQUIP randomised controlled trial	Francis NA	Non	/
10	A theory-based educational intervention to pediatricians in order to improve identification and referral of maternal depression: a quasi-experimental study	Agapidaki, E	Non	soins secondaires
11	Effectiveness of cognitive behavioural therapy (CBT) interventions for anxiety in patients with chronic obstructive pulmonary disease (COPD) undertaken by respiratory nurses: the COPD CBT CARE study: (ISRCTN55206395)	Heslop, K	Non	protocole
12	Effect of a Long-lasting Multidisciplinary Program on Disability and Fear-Avoidance Behaviors in Patients With Chronic Low Back Pain Results of a Randomized Controlled Trial	Monticone, M	Non	pas de fip
13	Patient education videos for elective colorectal surgery: results of a randomized controlled trial	Ihedioha, U	Non	/
14	Communication Skills in the Physician-Patient Relationship	Barrow, DL	Non	/
15	Myocardial Infarction - Stress PRevention INTervention (MI-SPRINT) to reduce the incidence of posttraumatic stress after acute myocardial infarction through trauma-focused psychological counseling: study protocol for a randomized controlled trial	Meister, R	Non	/
16	Using Evidence to Improve Satisfaction With Medication Side-Effects Education on a Neuro-Medical Surgical Unit	Ahrens, SL	Non	/
17	Prevalence and reasons for non-adherence to hyperlipidemia treatment	Kardas, P	Non	soins secondaires
18	Randomized Controlled Trial of a Structured Intervention to Facilitate End-of-Life Decision Making in Patients With Advanced Cancer	Stein, RA	Non	Non disponible
19	Educational Intervention Improves Anticoagulation Control in Atrial Fibrillation Patients: The TREAT Randomised Trial	Clarkesmith, DE	Non	quali
20	Estimating Health Literacy in Family Medicine Clinics in Metropolitan Detroit: A MetroNet Study	Schwartz, KL	Non	pas de fip
21	Referring Patients for Telephone Counseling to Promote Colorectal Cancer Screening	Luckmann, R	Non	/
22	Translating Evidence for Low Back Pain Management into a Consumer-Focussed Resource for Use in Community Pharmacies: A Cluster-Randomised Controlled Trial	Slater, H	Non	pharma
23	A theory-based exercise intervention in patients with heart failure: A protocol for randomized, controlled trial	Rajati, F	Non	/
24	Patients' Use of Information about Medicine Side Effects in Relation to Experiences of Suspected Adverse Drug Reactions: A Cross-Sectional Survey in Medical In-Patients	Krska, J	Non	soins secondaires
25	Screening and brief interventions for hazardous and harmful alcohol use among patients with active tuberculosis attending primary public care clinics in South Africa: results from a cluster randomized controlled trial	Peltzer, K	Non	FIP groupe contrôle
26	An educational intervention to reduce pain and improve pain management for Malawian people living with HIV/AIDS and their family carers: study protocol for a randomised controlled trial	Nkhoma, K	Non	protocole
27	Screening and brief interventions for hazardous and harmful alcohol use among hospital outpatients in South Africa: results from a randomized controlled trial	Pengpid, S	Non	soins secondaires
28	Evaluation of an interactive program for preventing adverse drug events in primary care: study protocol of the InPAct cluster randomised stepped wedge trial	Keriel-Gascou M	Non	protocole, doublon

29	Fostering informed decisions: A randomized controlled trial assessing the impact of a decision aid among men registered to undergo mass screening for prostate cancer	Williams, RM	Non	soins secondaires
30	Impact of a self-care education programme on patients with type 2 diabetes in primary care in the Basque Country	Moreno, EG	Non	intervention=éducation thérap/ctl=soins usuels
31	Experiences and barriers to implementation of clinical practice guideline for depression in Korea	Yang, J	Non	/
32	Improving the implementation of tailored expectant management in subfertile couples: protocol for a cluster randomized trial	van den Boogaard, NM	Non	protocole
33	Screening and Brief Interventions for Hazardous and Harmful Alcohol Use among University Students in South Africa: Results from a Randomized Controlled Trial	Pengpid, S	Non	doublon soins secondaires, FIP contrôle
34	Innovative interventions to promote positive dental health behaviors and prevent dental caries in preschool children: study protocol for a randomized controlled trial	Gao, XL	Non	protocole
35	Beliefs and practices regarding childhood fever among parents: a cross-sectional study from Palestine	Zyoud, SH	Non	pas de fip, pas RCT
36	ESCAPE: a randomised controlled trial of computer-tailored smoking cessation advice in primary care	Gilbert, HM	Non	sur ordi
37	Enhancing screening, brief intervention, and referral to treatment among socioeconomically disadvantaged patients: study protocol for a knowledge exchange intervention involving patients and physicians	Salvalaggio, G	Non	protocole
38	Effectiveness of a multifactorial falls prevention program in community-dwelling older people when compared to usual care: study protocol for a randomised controlled trial (Prevquedas Brazil)	Cabral, KD	Non	protocole
39	Information and active patient participation using an interactive booklet in the prescription of antihypertensive drugs in primary care	Keriel-Gascou, M	Non	dév de la FIP, doublon
40	Subject Matter Expert and Public Evaluations of a Veterinary Toxicology Course Brochure-Writing Assignment	Dorman, DC	Non	vétérinaire
41	Control of Allergic Rhinitis and Asthma Test (CARAT): dissemination and applications in primary care	Azevedo, P	Non	pas de fip
42	Effectiveness of Educational and Social Worker Interventions to Activate Patients' Discussion and Pursuit of Preemptive Living Donor Kidney Transplantation: A Randomized Controlled Trial	Boulware, LE	Non	en néphro
43	Web-based guided self-help for employees with depressive symptoms (Happy@Work): design of a randomized controlled trial	Geraedts, AS	Non	/
44	Randomized trial of distance-based treatment for young children with discipline problems seen in primary health care	Reid, GJ	Non	doublon FIP par mail
45	Can Attention Control Conditions Have Detrimental Effects on Behavioral Medicine Randomized Trials?	Pagoto, SL	Non	FIP contrôle
46	Partnership for fragility bone fracture care provision and prevention program (P4Bones): study protocol for a secondary fracture prevention pragmatic controlled trial	Gaboury, I	Non	protocole
47	Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial	Kaner E	Non	doublon
48	Randomised controlled trial of an education and support package for stroke patients and their carers	Eames, S	Non	cardio
49	Health education strategies directed to caregivers during patient hospitalization	Carvalho, DP	Non	hopital
50	A parallel-group, randomised controlled trial of a multimedia, self-directed, coping skills training intervention for patients with cancer and their partners: design and rationale	Lambert, SD	Non	protocole
51	Patient health information materials in waiting rooms of family physicians: do patients care?	Moerenhout, T	Non	pas RCT

52	Public Awareness of Early Symptoms of Stroke and Information Sources about Stroke among the General Japanese Population: The Acquisition of Stroke Knowledge Study	Miyamatsu, N	Non	/
53	Effectiveness and cost-effectiveness of a novel, group self-management course for adults with chronic musculoskeletal pain: study protocol for a multicentre, randomised controlled trial (COPERS)	Carnes, D	Non	protocole
54	How Long Does a Cough Last? Comparing Patients' Expectations With Data From a Systematic Review of the Literature	Ebell, MH	Non	/
55	Impact of Information Leaflets on Behavior of Patients with Gastroenteritis or Tonsillitis: A Cluster Randomized Trial in French Primary Care	Sustersic, M	Oui	doublon
56	Acupuncture for Cancer-Related Fatigue in Patients With Breast Cancer: A Pragmatic Randomized Controlled Trial	Molassiotis, A	Non	/
57	Managing Injuries of the Neck Trial (MINT): a randomised controlled trial of treatments for whiplash injuries	Lamb, SE	Non	/
58	Pharmacist-initiated intervention trial in osteoarthritis: A multidisciplinary intervention for knee osteoarthritis	Marra, CA	Non	pharma
59	Preferences for receiving information among frail older adults and their informal caregivers: a qualitative study	Robben, S	Non	/
60	Career paths and personality in pharmacy	Cordina, M	Non	/
61	A study of antibiotic prescribing: the experience of Lithuanian and Russian GPs	Jaruseviciene, L	Non	quali
62	How to reduce avoidable admissions due to acute diabetes complications? Interrelation between primary and specialized attention in a diabetes unit	Espin, NVGT	Non	soins secondaires
63	European Antibiotic Awareness Day 2012: general practitioners encouraged to TARGET antibiotics through guidance, education and tools	McNulty, CAM	Non	pas de fip
64	The efficacy of a brief intervention to reduce alcohol misuse in patients with HIV in South Africa: study protocol for a randomized controlled trial	in 't Veld, DH	Non	protocole
65	Self-Help Treatment for Insomnia Symptoms Associated with Chronic Conditions in Older Adults: A Randomized Controlled Trial	Morgan, K	Non	intervention complexe, FIP contrôle
66	Obstacles to corneal donation amongst hospice inpatients: A questionnaire survey of multi-disciplinary team member's attitudes, knowledge, practice and experience	Gillon, S	Non	soins secondaires, pas RCT
67	The effect of counselling, graded exercise and usual care for people with chronic fatigue in primary care: a randomized trial	Ridsdale, L	Non	/
68	A pilot randomized controlled trial of the feasibility of a self-directed coping skills intervention for couples facing prostate cancer: Rationale and design	Lambert, SD	Non	protocole et uro
69	Survey in the Emergency Department of Parents' Understanding of Cough and Cold Medication Use in Children Younger Than 2 Years	Varney, SM	Non	pas de fip
70	Primary care management for optimized antithrombotic treatment [PICANT]: study protocol for a cluster-randomized controlled trial	Siebenhofer, A	Non	protocole
71	Cost-effectiveness of counselling, graded-exercise and usual care for chronic fatigue: evidence from a randomised trial in primary care	Sabes-Figuera, R	Non	versant economique
72	Structured self-management education maintained over two years in insufficiently controlled type 2 diabetes patients: the ERMIES randomised trial in Reunion Island	Debussche, X	Non	soins secondaires
73	A randomised controlled trial of a pilot intervention to encourage early presentation of oral cancer in high risk groups	Scott, SE	Non	ne respecte pas le calcul de la taille de l'échantillon.

74	Understanding and recollection of the risks associated with cesarean delivery during the consent process	Odumosu, M	Non	pas de FIP
75	How should we discuss genetic testing with women newly diagnosed with breast cancer? Design and implementation of a randomized controlled trial of two models of delivering education about treatment-focused genetic testing to younger women newly diagnosed with breast cancer	Watts, KJ	Non	protocole
76	Information about medication in HIV-infected patients and its relation to adherence	Korb-Savoldelli, V	Non	doublon
77	Health promotion services for patients having non-comminicable diseases: Feedback from patients and health care providers in Cape Town, South Africa	Parker, WA	Non	quali
78	Deep water running and general practice in primary care for non-specific low back pain versus general practice alone: randomized controlled trial	Cuesta-Vargas, AI	Non	FIP gpe contrôle
79	Effects of a System-Wide Fracture Care Program to Enhance Access and Follow-Up for Orthopedics	Sauer, MW	Non	soins secondaires
80	Cross-cultural adaptation and assessment of the reliability and validity of the Core Outcome Measures Index (COMI) for the Brazilia Portuguese language	Damasceno, LHF	Non	pas de FIP
81	Implementing a statin switching programme in primary care: patients' views and experiences	Krska, J	Non	/
82	Clinical and cost effectiveness of booklet based vestibular rehabilitation for chronic dizziness in primary care: single blind, parallel group, pragmatic, randomised controlled trial	Yardley, L	Non	doublon
83	The CHOICE study (Contraceptive Health Research Of Informed Choice Experience) - an educational research program for Polish women planning combined hormonal contraceptives use	Tomaszewski, J	Non	pas de FIP
84	Walking away from type 2 diabetes: trial protocol of a cluster randomised controlled trial evaluating a structured education programme in those at high risk of developing type 2 diabetes	Yates, T	Non	protocole
85	Efficacy of two educational interventions about inhalation techniques in patients with chronic obstructive pulmonary disease (COPD). TECEPOC: study protocol for a partially randomized controlled trial (preference trial)	Leiva-Fernandez, F	Non	protocole
86	A Comprehensive Care Management Program to Prevent Chronic Obstructive Pulmonary Disease Hospitalizations A Randomized, Controlled Trial	Fan, VS	Non	soins secondaires
87	Stepped care targeting psychological distress in head and neck and lung cancer patients: a randomized clinical trial	Krebber, AMH	Non	soins secondaires
88	Primary Treatment for Cleft Lip and/or Cleft Palate in Children in Japan	Uchiyama, T	Non	soins secondaires
89	Impact of health literacy on outcomes and effectiveness of an educational intervention in patients with chronic diseases	Eckman, MH	Non	FIP contrôle
90	Methods and baseline characteristics of a randomized trial treating early childhood obesity: The Positive Lifestyles for Active Youngsters (Team PLAY) trial	Hare, ME	Non	protocole
91	Pediatric migraine teaching for families	Craddock, L	Non	/
92	Costs and difficulties of recruiting patients to provide e-health support: pilot study in one primary care trust	Jones, RB	Non	doublon
93	Multicentre RCT and economic evaluation of a psychological intervention together with a leaflet to reduce risk behaviour amongst men who have sex with men (MSM) prescribed post-exposure prophylaxis for HIV following sexual exposure (PEPSE): A protocol	Llewellyn, C	Non	protocole
94	Patient education methods to support quality of life and functional ability among patients with schizophrenia: a randomised clinical trial	Pitkanen, A	Non	soins secondaires
95	An experimental evaluation of patient decision aid design to communicate the effects of medications on the rate of progression of structural joint damage in rheumatoid arthritis	Martin, RW	Non	soins secondaires
96	Informational needs of gynecologic cancer survivors	Papadakos, J	Non	pas de FIP

97	Baby Business: a randomised controlled trial of a universal parenting program that aims to prevent early infant sleep and cry problems and associated parental depression	Cook, F	Non	par mail
98	A preoperative education intervention to reduce anxiety and improve recovery among Chinese cardiac patients: A randomized controlled trial	Guo, P	Non	cardio
99	Improving Self-Care for Heart Failure for Seniors: The Impact of Video and Written Education and Decision Aids	Veroff, DR	Non	cardio
100	Using short information leaflets as recruitment tools did not improve recruitment: a randomized controlled trial	Brierley, G	Non	/
101	Evaluation of a hospital-based cancer information and support centre	Kinnane, NA	Non	/
102	Information sources about medicines used in case of children's rhinitis so new dimensions in the development of society 2011	Salmane-Kulikovska, I	Non	quali
103	Effect of Tailored Counseling for Patients Undergoing Hemodialysis upon Their Self-Care	Sayyed, JSA	Non	dialyse
104	Effect of educational program on performance of Intensive Care Nurses to Decrement the low Back pain	Salah, M	Non	USIC
105	Efficacy of multimodal, systematic non-surgical treatment of knee osteoarthritis for patients not eligible for a total knee replacement: a study protocol of a randomised controlled trial	Skou, ST	Non	protocole
106	How can we improve adherence to exercise programs in patients with osteoarthritis ? : a randomized controlled trial	Tuzun, S	Non	soins secondaires
107	Patient education for neck pain	Gross, A	Non	RCT inclus sont que des doublons ou pas intérêt.
108	A Structured Protocol of Evidence-Based Conservative Care Compared With Usual Care for Acute Nonspecific Low Back Pain: A Randomized Clinical Trial	Parkin-Smith, GF	Non	protocole
109	Brief Alcohol Intervention by Newly Trained Workers Versus Leaflets: Comparison of Effect in Older Heavy Drinkers Identified in a Population Health Examination Survey: A Randomized Controlled Trial	Hansen, ABG	Non	FIP contrôle
110	A Randomized, Clinical Trial of Education or Motivational-Interviewing-Based Coaching Compared to Usual Care to Improve Cancer Pain Management	Thomas, ML	Non	oncologie
111	Practitioner and lay perspectives of the service provision of nutrition information leaflets in primary care	McClinchy, J	Non	doublon quali
112	Do guidelines on first impression make sense? Implementation of a chest pain guideline in primary care: a systematic evaluation of acceptance and feasibility	Kramer, L	Non	pas de FIP/contrôle
113	The McKenzie Method Compared With Manipulation When Used Adjunctive to Information and Advice in Low Back Pain Patients Presenting With Centralization or Peripheralization A Randomized Controlled Trial	Petersen, T	Non	pas de test des FIP
114	Effect of individualized education efforts by a nurse to increase self-care capacity in adolescents	Ergun, S	Non	pas de FIP
115	A pragmatic community-based intervention of multimodal physiotherapy plus deep water running (DWR) for fibromyalgia syndrome: a pilot study	Cuesta-Vargas, AI	Non	doublon, pas de randomisation
116	Yoga for Chronic Low Back Pain	Tilbrook, HE	Non	pas de fip
117	Economic evaluation of three populational screening strategies for cervical cancer in the county of Valles Occidental: CRICERVA clinical trial	Acera, A	Non	par la poste
118	A study of a culturally focused psychiatric consultation service for Asian American and Latino American primary care patients with depression	Trinh, NHT	Non	(hopital, outils complexes)

119	Cost-Effectiveness of Intensive Tobacco Dependence Intervention Based on Self-Determination Theory	Pesis-Katz, I	Non	contrôle = FIP + conseils
120	Information sources used by parents buying non-prescription medicines in pharmacies for preschool children	Gray, NJ	Non	/
121	The pediatric PRO-SELF (c): Pain control program: An effective educational program for parents caring for children at home following tonsillectomy	Sutters, KA	Non	pédiatrie
122	Prize Winner: Function After Spinal Treatment, Exercise, and Rehabilitation (FASTER) A Factorial Randomized Trial to Determine Whether the Functional Outcome of Spinal Surgery Can Be Improved	McGregor, AH	Non	soins secondaires
123	Psychoeducational methods for patients suffering from depression: The knowledge seeking,instrument (KSI)	Gabriel, A	Non	soins secondaires
124	Randomized trial of a DVD intervention to improve readiness to self-manage joint pain	Elander, J	Non	/
125	The effectiveness of problem solving therapy in deprived South African communities: results from a pilot study	van't Hof, E	Non	pas de randomisation
126	Management of Skin and Soft Tissue Infections in Community Practice Before and After Implementing a "Best Practice" Approach: An Iowa Research Network (IRENE) Intervention Study	Daly, JM	Non	pas RCT
127	Improving the Management of Skin and Soft Tissue Infections in Primary Care: A Report From State Networks of Colorado Ambulatory Practices and Partners (SNOCAP-USA) and the Distributed Ambulatory Research in Therapeutics Network (DARTNet)	Parnes, B	Non	pas RCT
128	Does Increased Patient Awareness Improve Accrual Into Cancer-Related Clinical Trials?	Stiles, CR	Non	soins secondaires onco
129	A self-management intervention to improve quality of life and psychosocial impact for people with type 2 diabetes	Wu, SFV	Non	soins secondaires
130	The use and feasibility of a CBT intervention	Boyle, C	Non	quali et pas que FIP
131	Randomised Controlled Feasibility Trial of an Evidence-Informed Behavioural Intervention for Obese Adults with Additional Risk Factors	Sniehotta, FF	Non	/
132	Hands4U: A multifaceted strategy to implement guideline-based recommendations to prevent hand eczema in health care workers: design of a randomised controlled trial and (cost) effectiveness evaluation	van der Meer, EWC	Non	protocole
133	Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial	Hewitson, P	Non	par la poste
134	Activity Increase Despite Arthritis (AIDA): phase II randomised controlled trial of an active management booklet for hip and knee osteoarthritis in primary care	Williams, NH	Non	Doublon, RCT final non mené
135	Towards saving a million bed days: reducing length of stay through an acute oncology model of care for inpatients diagnosed as having cancer	King, J	Non	soins secondaires
136	Maternity services in multi-cultural Britain: Using Q methodology to explore the views of first- and second-generation women of Pakistani origin	Cross-Sudworth, F	Non	soins secondaires
137	Communication about Children's Clinical Trials as Observed and Experienced: Qualitative Study of Parents and Practitioners	Shilling, V	Non	quali
138	Self management, joint protection and exercises in hand osteoarthritis: a randomised controlled trial with cost effectiveness analyses	Dziedzic, KS	Non	/
139	Summary of: Antibiotic prophylaxis in dentistry: part I. A qualitative study of professionals' views on the NICE guideline	Soheilipour, S	Non	quali
140	Antibiotic prophylaxis in dentistry: part I. A qualitative study of professionals' views on the NICE guideline	Soheilipour, S	Non	quali
141	A pain education programme to improve patient satisfaction with cancer pain management: a	Chou, PL	Non	pas de FIP

	randomised control trial			
142	Screening and brief interventions for hazardous and harmful alcohol use among patients with active tuberculosis attending primary care clinics in South Africa: a cluster randomized controlled trial protocol	Peltzer, KK	Non	doublon protocole
143	Non-surgical treatment of hip osteoarthritis. Hip school, with or without the addition of manual therapy, in comparison to a minimal control intervention: Protocol for a three-armed randomized clinical trial	Poulsen, E	Non	protocole
144	Study of the information delivery by general practitioners and rheumatologists to patients with acute low back pain	Henrotin, Y	Non	pt vue MG
145	Physicians' and Nurses' Perceived Usefulness and Acceptability of a Family Information Booklet about Comfort Care in Advanced Dementia	van der Steen, JT	Non	pt vue professionnels
146	Development and Pilot Testing of a Nurse-Led Posttreatment Support Package for Bowel Cancer Survivors	Jefford, M	Non	dév FIP complexe
147	Health information needs of families attending the paediatric emergency department	Wahl, H	Non	pas de contrôle
148	Treatment of forefoot problems in older people: study protocol for a randomised clinical trial comparing podiatric treatment to standardised shoe advice	van der Zwaard, BC	Non	protocole
149	Continuity of midwifery care and gestational weight gain in obese women: a randomised controlled trial	Nagle, C	Non	maternité
150	"Well it's like someone at the other end cares about you." A qualitative study exploring the views of users and providers of care of contact-based interventions following self-harm	Cooper, J	Non	quali
151	How Effective Is Bibliotherapy for Very Old Adults With Subthreshold Depression? A Randomized Controlled Trial	Joling, KJ	Non	pas de FIP
152	Patient awareness of oral cancer health advice in a dental access centre: a mixed methods study	Williams, M	Non	quali
153	Effects of a Cardiovascular Risk Reduction Intervention With Psychobehavioral Strategies for Korean Adults With Type 2 Diabetes and Metabolic Syndrome	Kim, CJ	Non	soins secondaires
154	Helping men make an informed decision about prostate cancer screening: A pilot study of telephone counseling	Costanza, ME	Non	pas de contrôle
155	Non-clinical interventions for reducing unnecessary caesarean section	Khunpradit, S	Non	soins secondaires
156	Knowledge and adherence to antihypertensive therapy in primary care: results of a randomized trial	Guirado, EA	Non	intervention d'une IDE formée spécialement pour intervention
157	Innovative Delivery of Newborn Anticipatory Guidance: A Randomized, Controlled Trial Incorporating Media-Based Learning Into Primary Care	Paradis, HA	Non	/
158	Primary care-based intervention to reduce at-risk drinking in older adults: a randomized controlled trial	Moore, AA	Non	/
159	Psychotropic medication discussions in older adults' primary care office visits: So much to do, so little time	Ahn, S	Non	quali
160	Randomized Controlled Trial of Primary Care Pediatric Parenting Programs Effect on Reduced Media Exposure in Infants, Mediated Through Enhanced Parent-Child Interaction	Mendelsohn, AL	Non	par mail
161	Dementia: opportunities for risk reduction and early detection in general practice	Millard, FB	Non	Non disponible
162	A multicentre RCT on community occupational therapy in Alzheimer's disease: 10 sessions are not better than one consultation	Voigt-Radloff, S	Non	/

163	Promoting knowledge of statins in patients with low health literacy using an audio booklet	Gossey, JT	Non	audio booklet
164	Recognition of Chronic Kidney Disease in a General Medicine Outpatient Clinic	MacDougall-Rivers, M	Non	/
165	Measuring oral contraceptive knowledge: A review of research findings and limitations	Hall, KS	Non	pas de FIP
166	Fall Prevention in Acute Care Hospitals A Randomized Trial	Dykes, PC	Non	soins secondaires
167	Evaluation of the asthma guideline implementation project in the western cape, south africa	Mash, B	Non	pas de FIP
168	Optimizing antibiotic prescribing in primary care settings in the UK: findings of a BSAC multi-disciplinary workshop 2009	McNulty, CAM	Non	RL point de vue MG
169	An information aid for newly diagnosed multiple sclerosis patients improves disease knowledge and satisfaction with care	Solari, A	Non	soins secondaires
170	The effect of referral for brief intervention for alcohol misuse on repetition of deliberate self-harm: an exploratory randomized controlled trial	Crawford, MJ	Non	/
171	The effect of a patient education booklet and BP 'tracker' on knowledge about hypertension. A randomized controlled trial	Dawes, MG	Non	/
172	Diabetes and oral health: doctors' knowledge, perception and practices	Al-Habashneh, R	Non	/
173	Medical nutrition therapy for overweight youth in their medical home: The KIDPOWER experience	Henes, ST	Non	soins secondaires
174	Evaluation of a system of structured, pro-active care for chronic depression in primary care: a randomised controlled trial	Buszewicz, M	Non	pas de FIP seule dans 1 groupe
175	Effects of two educational programmes aimed at improving the utilization of non-opioid analgesics in family medicine clinics in Mexico	Doubova, SV	Non	comparaison de 2 prog d'éducation
176	Food Allergy Educational Needs of Pediatric Dietitians: A Survey by the Consortium of Food Allergy Research	Groetch, ME	Non	point de vue diététiciens
177	Persistence to medical treatment of osteoporosis in women at three different clinical settings - A historical cohort study	Nielsen, DS	Non	pas de FIP
178	TRial of an Educational intervention on patients' knowledge of Atrial fibrillation and anticoagulant therapy, INR control, and outcome of Treatment with warfarin (TREAT)	Smith, DE	Non	pas de FIP seule
179	The effect of an educational leaflet on depressive patients' attitudes toward treatment	Sawamura, K	Non	soins psy
180	Patient satisfaction with GP-led melanoma follow-up: a randomised controlled trial	Murchie, P	Non	/
181	General practitioners' (GPs) practice regarding the line to take in case of missed pill	Bertin-Steunou, V	Non	quali
182	Does a colour-coded blood pressure diary improve blood pressure control for patients in general practice: The CoCo trial	Steurer-Stey, C	Non	/
183	The development of a web- and a print-based decision aid for prostate cancer screening	Dorfman, CS	Non	dev FIP
184	An evaluation of family-centered care services and organization of visiting policies in Belgian intensive care units: A multicenter survey	Vandijck, DM	Non	usic
185	Referral Patterns of Indiana Oncologists for Colorectal Cancer Genetic Services	Claybrook, J	Non	onco
186	Coping Strategies in Daily Occupations 3 Months after a Severe or Major Hand Injury	Cederlund, R	Non	quali
187	The Efficacy of a Short Education Program and a Short Physiotherapy Program for Treating Low Back Pain in Primary Care A Cluster Randomized Trial	Albaladejo, C	Non	FIP dans tous les gpes
188	The Hip and Knee Book: developing an active management booklet for hip and knee osteoarthritis	Williams, NH	Non	dév FIP
189	Training GP's to use a minimal intervention for stress-related mental disorders with sick leave (MISS): Effects on performance Results of the MISS project; a cluster-randomised controlled trial	Bakker, IM	Non	point de vue des MG

	[ISRCTN43779641]			
190	Educore project: is it effective an educational intervention in primary health care to control blood pressure?	Garcia-Canon, AB	Non	protocole
191	Comparing Different Strategies for Colorectal Cancer Screening in Italy: Predictors of Patients' Participation	Senore, C	Non	efficacité dépistage (MG, mail, …)
192	Interventions for improving the adoption of shared decision making by healthcare professionals	Legare, F	Non	RL point de vue des MG
193	What information do public organizations provide to Belgian women on primary prevention of breast cancer?	Liebens, F	Non	/
194	Evidence-based treatment of acute infective conjunctivitis Breaking the cycle of antibiotic prescribing	Visscher, KL	Non	Non disponible
195	Development of a health-related lifestyle self-management intervention for patients with coronary heart disease	Fernandez, RS	Non	dév programme éducation
196	Processes in oncological care. Patient guidelines	Sanger, S	Non	/
197	The information needs of people attending for computed tomography (CT): What are they and how can they be met?	Mathers, SA	Non	/
198	Promoting chlamydia screening with posters and leaflets in general practice - a qualitative study	Freeman, E	Non	quali
199	Clinical pharmacy-led disease and medicine management programme for patients with COPD	Khdour, MR	Non	doublon
200	Physicians' view of primary care-based case management for patients with heart failure: a qualitative study	Peters-Klimm, F	Non	quali
201	Impact of written and photographic instruction sheets on patient behavior after cataract surgery	Fayers, T	Non	ophtalmo et pas RCT
202	The Diabetes Mellitus Medication Choice Decision Aid A Randomized Trial	Mullan, RJ	Non	/
203	Economic evaluation of arthritis self management in primary care	Patel, A	Non	/
204	Activity Increase Despite Arthritis (AIDA): design of a Phase II randomised controlled trial evaluating an active management booklet for hip and knee osteoarthritis [ISRCTN24554946]	Williams, NH	Non	doublon protocole
205	Health literacy: A barrier to pharmacist-patient communication and medication adherence	Ngoh, LN	Non	pharmacie
206	Teaching medical interviewing to patients: The other side of the encounter	Dwamena,FC	Non	/
207	Access to Information Sources and Treatment Considerations Among Men With Local Stage Prostate Cancer	Ramsey, SD	Non	obj=origine info
208	Lifestyle interventions for knee pain in overweight and obese adults aged >= 45: economic evaluation of randomised controlled trial	Barton, GR	Non	evaluation économique
209	Effectiveness of a Pragmatic Education Program Designed to Promote Walking Activity in Individuals With Impaired Glucose Tolerance a randomized controlled trial	Yates, T	Non	evaluation podomètre
210	Management of Small Polyps Detected by Screening CT Colonography: Patient and Physician Preferences	Shah, JP	Non	/
211	A treatment schedule of conventional physical therapy provided to enhance upper limb sensorimotor recovery after stroke: Expert criterion validity and intra-rater reliability	Donaldson, C	Non	quali
212	A survey of the quality and accuracy of information leaflets about skin cancer and sun-protective behaviour available from UK general practices and community pharmacies	Nicholls, S	Non	objectif=qualité des FIP

213	Patients in chronic anticoagulation. Therapy : the organization of an educational program run by nurses and the assessment of patients' satisfaction	Corbella, A	Non	/
214	Assuring high quality treatment delivery in clinical trials – Results from the Trans-Tasman Radiation Oncology Group (TROG) study 03.04 "RADAR" set-up accuracy study	Haworth, A	Non	soins secondaires
215	Patient and Physician Reminders to Promote Colorectal Cancer Screening A Randomized Controlled Trial	Sequist, TD	Non	par mail
216	Community based yoga classes for type 2 diabetes: an exploratory randomised controlled trial	Skoro-Kondza, L	Non	/
217	A Reengineered Hospital Discharge Program to Decrease Rehospitalization A Randomized Trial	Jack, BW	Non	doublon soins secondaires
218	Home Buprenorphine/Naloxone Induction in Primary Care	Lee, JD	Non	/
219	The external validity of published randomized controlled trials in primary care	Jones, R	Non	méthodo
220	Efficacy of a Patient-Educational Booklet for Neck-Pain Patients With Workers' Compensation A Randomized Controlled Trial	Derebery, J	Non	recrutement en médecine du travail
221	Do Medication Samples Jeopardize Patient Safety?	Franks, AS	Non	doublon
222	Nurse Practitioner provision of patient education related to medicine	Cashin, A	Non	pt de vue IDE
223	Written information about individual medicines for consumers	Nicolson, D	Oui	inclus
224	Effectiveness of Asthma Education with and Without a Self-Management Plan in Hospitalized Children	Espinoza-Palma, T	Non	soins secondaires
225	Quality and availability of consumer information on heart failure in Australia	Vitry, AI	Non	/
226	Analysis and quantification of self-medication patterns of customers in community pharmacies in southern Chile	Albarran, KF	Non	automédication
227	A Randomized Trial of the Effect of Community Pharmacist and Nurse Care on Improving Blood Pressure Management in Patients With Diabetes Mellitus Study of Cardiovascular Risk Intervention by Pharmacists Hypertension (SCRIP-HTN)	McLean, DL	Non	pharmacie
228	Negative beliefs about low back pain are associated with high pain intensity and high level disability in community-based women	Urquhart, DM	Non	/
229	Content and outcome of usual primary care for back pain: a systematic review	Somerville, S	Non	/
230	Long-Term Effects of the Strong African American Families Program on Youths' Conduct Problems	Brody, GH	Non	/
231	Developing an 'interactive' booklet on respiratory tract infections in children for use in primary care consultations	Francis, N	Non	doublon
232	Education of Patients After Whiplash Injury Is Oral Advice Any Better Than a Pamphlet?	Kongsted, A	Non	/
233	Promoting patient engagement with self-management support information: a qualitative meta-synthesis of processes influencing uptake	Protheroe, J	Non	quali
234	Reducing unnecessary prescriptions of antibiotics for acute cough: Adaptation of a leaflet aimed at Turkish immigrants in Germany	Sahlan, S	Non	doublon
235	Help-seeking preferences for psychological distress in primary care: effect of current mental state	Walters, K	Non	/
236	Quality Improvement in Radiography in a Neonatal Intensive Care Unit	Loovere, L	Non	USIC
237	Somatic and psychological dimensions of screening for psychiatric morbidity: A community validation of the SPHERE Questionnaire	McFarlane, AC	Non	/
238	Injury prevention in the emergency department - A caregiver's perspective	Gittelmah, MA	Non	/

239	Impact of enhanced compliance initiatives on the efficacy of rosuvastatin in reducing low density lipoprotein cholesterol levels in patients with primary hypercholesterolaemia	Riesen, WF	Non	/
240	Does physiotherapy reduce the incidence of postoperative complications in patients following pulmonary resection via thoracotomy? a protocol for a randomised controlled trial	Reeve, JC	Non	protocole
241	UK national audit of chlamydial infection management in sexual health clinics. Clinic policies audit	Carne, C	Non	/
242	A large randomized individual and group intervention conducted by registered dietitians increased adherence to Mediterranean-type diets: The PREDIMED study	Zazpe, I	Non	/
243	Patients' responsiveness to a decision support tool for primary prevention of cardiovascular diseases in primary care	van Steenkiste, B	Non	doublon
244	Depressed patients' preferences for education about medications by pharmacists in Kuwait	Nabeel, AS	Non	/
245	Absolute cardiovascular disease risk and shared decision making in primary care: A randomized controlled trial	Krones, T	Non	education des MG
246	Prevention and control of rheumatic fever and rheumatic heart disease: the Cuban experience (1986-1996-2002)	Nordet, P	Non	pas RCT
247	Survey on learning needs and preferred sources of information to meet these needs in Italian oncology patients receiving chemotherapy	Piredda, M	Non	oncologie
248	Patient delay for potentially malignant oral symptoms	Scott, S	Non	/
249	Short-term effects of an educational program on health-seeking behavior for infections in patients with type 2 diabetes: A randomized controlled intervention trial in primary care	Venmans, LMAJ	Non	envoi par la poste
250	Effect of an interactive computerized psycho-education system on patients suffering from depression	Lin, MF	Non	/
251	Reasons for therapy non-compliance in older patients taking multiple medication	Fresnadillo, JAE	Non	en partie quali
252	Can targeted intervention in CRC patients' relatives influence screening behaviour? A pilot study	Stephens, JH	Non	soins secondaires
253	Knowledge, Attitudes and Practices vis-a-vis Cervical Cancer Among Registered Nurses at the Faculty of Medicine, Khon Kaen University, Thailand	Nganwai, P	Non	à la fac en Thaïlande
254	Home-centred physical fitness programme in morbidly obese individuals: a randomized controlled trial	Tumiati, R	Non	soins secondaires
255	Psychological interventions for people with cystic fibrosis and their families	Glasscoe, C	Non	/
256	Randomized trial of a self-administered decision aid for colorectal cancer screening	Trevena, LJ	Non	par mail
257	Outcome measures and psychomotor skills related to shoulder conditions for clinical orthopedic training	Mahomed, S	Non	soins secondaires
258	Palliative care needs of cancer outpatients receiving chemotherapy: an audit of a clinical screening project	Morita, T	Non	oncologie
259	The effect of brief interventions on alcohol consumption among heavy drinkers in a general hospital setting	Holloway, AS	Non	soins secondaires
260	A randomized controlled trial of the impact of targeted and tailored interventions on colorectal cancer screening	Myers, RE	Non	par mail
261	A randomised partially controlled trial to assess the impact of self-help vs. structured help from a continence nurse specialist in women with undiagnosed urinary problems in primary care	Wagg, AR	Non	/
262	Using a patient-controlled analgesia multimedia intervention for improving analgesia quality	Yeh, ML	Non	/
263	Advice for the management of low back pain: A systematic review of randomised controlled trials	Liddle, SD	Non	RL sur les conseils donnés (pas de FIP)
264	Implementation of inpatient and outpatient tobacco-cesssation programs	Stack, NM	Non	soins secondaires

265	Assessment of handling of inhaler devices in real life: an observational study in chidren in primary care	Malot, L	Non	pas de contrôle
266	Naturopathic care for chronic low back pain: A randomized trial	Szczurko, O	Non	pas de FIP
267	Naturopathic Care for Chronic Low Back Pain: A Randomized Trial	Szczurko, O	Non	doublon pas de FIP
268	Reducing antibiotic prescriptions for acute cough by motivating GPs to change their attitudes to communication and empowering patients: a cluster-randomized intervention study	Altiner, A	Non	intervention sur MG
269	Assessment of eptifibatide dosing in renal impairment before and after in-service education provided by pharmacists	Donovan, JL	Non	intervention sur MG
270	Improving informed decision-making for patients with knee pain	Fraenkel, L	Non	/
271	An observational study of the patterns of carbamazepine and oxcarbazepine utilisation in adult patients with partial epilepsy in Spain	Rufo-Campos, M	Non	pas RCT
272	Reduction of pain-related disability in working populations - A Randomized intervention study of the effects of an educational booklet addressing psychosocial risk factors and screening Workplaces for physical health hazards	Frost, P	Non	médecine du travail
273	Low literacy interventions to promote discussion of prostate cancer – A randomized controlled trial	Kripalani, S	Non	FIP dans 2 groupes
274	Factors predictive of patient satisfaction with anesthesia	Capuzzo, M	Non	soins secondaires
275	How do health care professionals respond to advice on adverse side effects of contraceptive methods? The case of Depo Provera (R)	Glasier, A	Non	pt de vue des MG
276	Active exercise, education, and cognitive behavioral therapy for persistent disabling low back pain - A randomized controlled trial	Johnson, RE	Non	FIP dans les 2 gpes
277	Patient and physician acceptance of a campaign approach to promoting physical activity: the "Move for Health" project	Allenspach, EC	Non	/
278	Nurse-led cancer genetics clinics in primary and secondary care in varied ethnic population areas: interaction with primary care to improve ascertainment of individuals from ethnic minorities	Gulzar, Z	Non	/
279	The role of patient users in cancer genetics services in primary care	Ripley, M	Non	/
280	Optimising the psychological benefits of osteopathy	Williams, NH	Non	/
281	What is the role of quality circles in strategies to optimise antibiotic prescribing? A pragmatic cluster-randomised controlled trial in primary care	van Driel, ML	Non	formation du MG
282	Video-based training increases sterile-technique compliance during central venous catheter insertion	Xiao, Y	Non	/
283	The effect of drug information leaflets on patient behavior	Vinker, S	Non	doublon
284	Evaluation and treatment of acute low back pain	Kinkade, S	Non	Pas de FIP
285	Oral cancer knowledge and awareness: Primary and secondary effects of an information leaflet	Petti, S	Non	pas RCT
286	Effects of a tailored interactive multimedia computer program on determinants of colorectal cancer screening: A randomized controlled pilot study in physician offices	Jerant, A	Non	doublon
287	Evaluation of a decision aid for women with breech presentation at term: a randomised controlled trial [ISRCTN14570598]	Nassar, N	Non	soins secondaires
288	Health literacy and contraception: A readability evaluation of contraceptive instructions for condoms, spermicides and emergency contraception in the USA	El-Ibiary, SY	Non	pas RCT
289	Authorized and unauthorized ("PCA by proxy") dosing of analgesic infusion pumps: Position statement with clinical practice recommendations	Wuhrman, E	Non	/
290	A purpose-based evaluation of information for patients: An approach to measuring effectiveness	Feldman-Stewart, D	Non	Fip dans les 2 groupes

291	Assessment of the transtheoretical model as used by dietitians in promoting physical activity in people with type 2 diabetes	Jackson, R	Non	/
292	Are tri-ethnic low-income women with breast cancer effective teachers of the importance of breast cancer screening to their first-degree relatives? Results from a randomized clinical trial	Oleske, DM	Non	pas de FIP
293	Using tailored telephone counseling to accelerate the adoption of colorectal cancer screening	Costanza, ME	Non	doublon par mail
294	Interventions for improving older patients' involvement in primary care episodes	Wetzels, R	Non	/
295	How should we inform patients about antidepressants? A study comparing verbal and written information	Gundogar, D	Non	soins secondaires en psychiatrie
296	A pilot study of bibliotherapy to reduce alcohol problems among patients in a hospital trauma center	Apodaca, TR	Non	soins secondaires
297	Diabetes education and self-management for ongoing and newly diagnosed (DESMOND): Process modelling of pilot study	Skinner, TC	Non	pgm éducation thq, pas RCT
298	Use and monitoring of vitamin K antagonists in everyday medical practice - French results of the international ISAM study of patients with nonvalvular atrial fibrillation	Mahe, I	Non	pas de FIP
299	Randomized trial of two physiotherapy interventions for primary care neck and back pain patients: 'McKenzie' vs brief physiotherapy pain management	Klaber Moffett, J	Non	types de rééducation
300	Integrating palliative and critical care: Description of an intervention	Treece, PD	Non	/
301	Danish version of the Oswestry Disability Index for patients with low back pain. Part 1: Cross-cultural adaptation, reliability and validity in two different populations	Lauridsen, HH	Non	dév version danoise FIP
302	Self management of arthritis in primary care: randomised controlled trial	Buszewicz, M	Non	/
303	Does stimulating self-care increase self-care behaviour for minor illnesses of Dutch and Turkish inhabitants of a deprived area in The Netherlands?	Plass, AMC	Non	doublon quali
304	The effects of smoking cessation counseling by midwives on Dutch pregnant women and their partners	de Vries, H	Non	/
305	A knowledge, attitudes, and practice survey among obstetrician-gynaecologists on intimate partner violence in Flanders, Belgium	Roelens, K	Non	/
306	Promoting culturally appropriate colorectal cancer screening through a health educator - A randomized controlled trial	Tu, SP	Non	/
307	Evaluation of booklet-based self-management of symptoms in Meniere disease: A randomized controlled trial	Yardley, L	Non	envoi par la poste
308	A randomised controlled trial of clinical outreach education to rationalise antibiotic prescribing for acute dental pain in the primary care setting	Seager, JM	Non	dentiste et envoi par la poste
309	The immediate and long-term effects of exercise and patient education on physical, functional, and quality-of-life outcome measures after single-level lumbar microdiscectomy: a randomized controlled trial protocol	Selkowitz, DM	Non	protocole
310	Prescription bias and factors associated with improper use of inhalers	Sestinti, P	Non	/
311	Implementation of recommendations on hypertension: The Canadian Hypertension Education Program	Drouin, D	Non	/
312	Information and low back pain management - A systematic review	Henrotin, YE	Oui	inclus
313	Does an educational leaflet improve self-reported adherence to therapy in osteoporosis? The OPTIMA study	Guilera, M	Non	pas de randomisation
314	Assisting women to learn myocardial infarction symptoms	McDonald, DD	Non	pas de contrôle
315	Nutrition Academic Award: nutrition education in graduate medical education	Woods, MN	Non	/

316	A randomized, controlled trial of an interactive educational computer package for children with asthma	McPherson, AC	Non	pédiatrie
317	Educational intervention to reduce falls and fear of falling in patients after fragility fracture: Results of a controlled pilot study	Rucker, D	Non	FIP + téléphone
318	Informed consent for research in ICU obtained before ICU admission	Chenaud, C	Non	USI
319	Dental patient awareness of smoking effects on oral health: Comparison of smokers and non-smokers	Al-Shammari, KF	Non	/
320	Barriers to implementing a policy not to attempt resuscitation in acute medical admissions: prospective, cross sectional study of a successive cohort	Fidler, H	Non	/
321	Rectal cancer - Information dedicated to cancer patients and relatives	Senesse, P	Non	/
322	An audit of advice on fitness to drive during accident and emergency department attendance	Brooke, BT	Non	pas RCT
323	Tobacco cessation activities of UK dentists in primary care: Signs of improvement	Johnson, NW	Non	/
324	Informed consent for research obtained during the intensive care unit stay	Chenaud, C	Non	/
325	Does McKenzie therapy improve outcomes for back pain?	Busanich, BM	Non	/
326	A consultation leaflet to improve an older patient's involvement in general practice care: a randomized trial	Wetzels, R	Non	pas de gpe contrôle
327	Receiving bad news: patients with haematological cancer reflect upon their experience	Randall, TC	Non	quali
328	The belgian improvement study on oral anticoagulation therapy: a randomized clinical trial	Claes, N	Non	education MG
329	The impact of education on chronic kidney disease patients' plans to initiate dialysis with self-care dialysis: A randomized trial	Manns, BJ	Non	néphrologie
330	Can self-care health books affect amount of contact with the primary health care team? A randomized controlled trial in general practice	Platts, A	Oui	inclu
331	Impact of a patient decision aid on care among patients with nonvalvular atrial fibrillation: a cluster randomized trial	McAlister, FA	Non	intervention complexe
332	Simple educational intervention to improve the recovery from acute whiplash: Results of a randomized, controlled trial	Ferrari, R	Non	FIP standard dans le groupe contrôle
333	The effectiveness of nutrition counselling by Australian General Practitioners	Nicholas, L	Non	/
334	Rationale, design and conduct of a comprehensive evaluation of a primary care based intervention to improve the quality of life of osteoarthritis patients. The PraxArt-project: a cluster randomized controlled trial	Rosemann, T	Non	protocole
335	Should treatment of (sub)acute low back pain be aimed at psychosocial prognostic factors? Cluster randomised clinical trial in general practice	Jellema, P	Non	intervention avec fip + consultation standardisée
336	Giving parents written information about children's anesthesia: Are setting and timing important?	Spencer, C	Non	par la poste
337	Improving medicine usage through patient information leaflets in India	Gupta, U	Non	soins secondaires
338	Effectiveness of a parental educational intervention in reducing antibiotic use in children - A randomized controlled trial	Taylor, JA	Non	pédiatrie
339	Randomised controlled trial of a hypothyroid educational booklet to improve thyroxine adherence	Crilly, M	Non	par la poste
340	Video preparation for breast cancer treatment planning: Results of a randomized clinical trial	Walker, MS	Non	oncologie
341	Randomised controlled trial of supplementation with calcium and cholecalciferol (vitamin D) for prevention of fractures in primary care	Porthouse, J	Non	pas de FIP

342	Elderly patients' and GPs' views on different methods for patient involvement: an international qualitative interview study	Geest, TA	Non	quali
343	Improvements in advance care planning in the veterans affairs system - Results of a multifaceted intervention	Pearlman, RA	Non	soins secondaires
344	Role and modalities of information and education in the management of patients with rheumatoid arthritis: development of recommendations for clinical practice based on published evidence and expert opinion	Fautrel, B	Non	écriture de recommendantions
345	Randomized controlled trial of the impact of intensive patient education on compliance with fecal occult blood testing	Stokamer, CL	Non	FIP groupe contrôle
346	Implementation and effectiveness of a primary care based physical activity counselling scheme	Jimmy, G	Non	intervention complexe
347	Randomized trial of a low-intensity dietary intervention in rural residents - The Rural Physician Cancer Prevention Project	Fries, E	Non	intervention complexe
348	Decreasing the number of consultations for minor illnesses of Turkish and Dutch inhabitants of a deprived area in The Netherlands: an intervention study	Plass, AMC	Non	pas de randomisation
349	Children's accounts of their preoperative information needs	Smith, L	Non	soins secondaires
350	A parent-driven, computer-based vaccine information system: Addressing variability in information needs for the varicella vaccine	Raman, SV	Non	/
351	Patient education materials for mental health problems in family practice: does location matter?	Craven, MA	Non	doublon
352	Perceptions about breast cancer among African American women: do selected educational materials challenge them?	Powe, BD	Non	/
353	Randomized clinical trial of surgery versus conservative therapy for carpal tunnel syndrome [ISRCTN84286481]	Martin, BI	Non	soins secondaires
354	ABC of alcohol - Treatment for alcohol related problems	Ritson, B	Non	/
355	Carie free smile: a dental health educational programme	Grimoud, AM	Non	pas RCT et dentaire
356	The asthma consultation: what is important?	Partridge, MR	Non	/
357	Acute schizophrenia concept and definition: investigation of a French psychiatrist population	Bayle, FJ	Non	/
358	Does a patient-held health record give rise to lifestyle changes? A study in clinical practice	Jerden, L	Non	doublon pas RCT
359	Physician informational needs in providing nutritional guidance to patients	Mihalynuk, TV	Non	pt vue MG
360	Effectiveness of primary care-based vestibular rehabilitation for chronic dizziness	Yardley, L	Non	intervention complexe
361	A Randomized clinical trial of manipulative therapy and interferential therapy for acute low back pain	Hurley, DA	Non	/
362	Provision, uptake and cost of cardiac rehabilitation programmes: improving services to under-represented groups	Beswick, AD	Non	soins secondaires, pas de FIP
363	Risk perception of oral cancer in smokers attending primary care: a randomised controlled trial	Humphris, GM	Non	soins dentaires
364	Health education on self-management and seeking health care in older adults: a randomised trial	van Eijken, M	Non	doublon envoi par mail
365	The information needs of carers of adults diagnosed with epilepsy	Kendall, S	Non	en partie quali
366	A randomized controlled trial of an information prescription for pediatric patient education on the internet	D'Alessandro, DM	Non	/
367	Meeting the information needs of patients with allergic disorders: partnership is the key	Pinnock, H	Non	/

368	A survey of the quality of information leaflets on hayfever available from general practices and community pharmacies	White, P	Non	doublon
369	Are health professionals getting caught in the crossfire? The personal implications of caring for trauma victims	Crabbe, JM	Non	médecine du travail
370	Health literacy: Implications for family medicine	Davis, TC	Non	/
371	Impact of educational mailing on the blood pressure of primary care patients with mild hypertension	Hunt, JS	Non	/
372	Professional and patient perspectives on nutritional needs of patients with cancer	Hartmuller, VW	Non	soins secondaires
373	Information versus experience: a comparison of an information leaflet on antidepressants with lay experience of treatment	Grime, J	Non	quali
374	Randomized trial examining the effect of two prostate cancer screening educational interventions on patient knowledge, preferences, and behaviors	Partin, MR	Non	par mail
375	Using information technology for patient education: realizing surplus value?	Stoop, AP	Non	/
376	Cost-effectiveness of cognitive behavioural therapy, graded exercise and usual care for patients with chronic fatigue in primary care	McCrone, P	Non	/
377	A randomised controlled trial of a tailored multifaceted strategy to promote implementation of a clinical guideline on induced abortion care	Foy, R	Non	soins secondaires
378	Communicating about expected course and re-consultation for respiratory tract infections in children: an exploratory study	Butler, CC	Non	quali
379	The effect of a distance-learning programme on patient self-management of lower urinary tract symptoms (LUTS) in general practice: A randomised controlled trial	Wolters, R	Non	education du MG
380	A randomised controlled trial of a psycho-educational intervention to aid recovery in infectious mononucleosis	Candy, B	Non	/
381	Knowledge of chronic hepatitis C among East London primary care physicians following the Department of Health's educational campaign	d'Souza, RFC	Non	en partie quali
382	Impact of preoperative education on pain outcomes after coronary artery bypass graft surgery	Watt-Watson, J	Non	cardiologie
383	We are the experts: people with asthma talk about their medicine information needs	Raynor, DK	Non	doublon avis d'expert
384	An evidence-based patient information and patient education programme: the SOR SAVOIR PATIENT	Carretier, J	Non	dév de la FIP
385	An oral cancer information leaflet for smokers in primary care: results from two randomised controlled trials	Humphris, GM	Non	doublon
386	Practical therapeutics: An innovative residency drug education curriculum	Cheng, C	Non	/
387	Knowledge of oral cancer, distress and screening intentions: longer term effects of a patient information leaflet	Boundouki, G	Non	soins dentaires
388	A randomised controlled trial of three pragmatic approaches to initiate increased physical activity in sedentary patients with risk factors for cardiovascular disease	Little, P	Non	pas de FIP
389	Computerized training in breast self-examination - A test in a community health center	Reis, J	Non	pas RCT
390	Randomised controlled trial of effect of leaflets to empower patients in consultations in primary care	Little, P	Non	doublon
391	The New Zealand Diabetes Passport Study: a randomized controlled trial of the impact of a diabetes passport on risk factors for diabetes-related complications	Simmons, D	Non	compare 2 FIP
392	A systematic review of efficacy of McKenzie therapy for spinal pain	Clare, HA	Non	/
393	Therapy for idiopathic low back pain	Bliddal, H	Non	/

394	Is graded exercise better than cognitive behaviour therapy for fatigue? A UK randomized trial in primary care	Ridsdale, L	Non	/
395	Asking questions can help: development and preliminary evaluation of a question prompt list for palliative care patients	Clayton, J	Non	quali
396	Routine primary care management of acute low back pain: adherence to clinical guidelines	Gonzaalez-Urzelai, V	Non	quali
397	The duration of acute cough in pre-school children presenting to primary care: a prospective cohort study	Hay, AD	Non	/
398	Evaluation of an evidence based patient educational booklet for management of whiplash associated disorders	McClune, T	Non	validation d'une FIP (mise à jour) en partie quali
399	Minor illness education for parents of young children	Robbins, H	Non	FIP+VAD
400	Does reading about stroke increase stroke knowledge? The impact of different print materials	Mazor, KM	Non	lisibilité
401	Assessment of the effect upon maternal knowledge of an information leaflet about pain relief in labour	Stewart, A	Non	quali
402	Parent's opinions on the diagnosis of children under 2 years of age with urinary tract infection	Owen, D	Non	/
403	Providing information on metered dose inhaler technique: is multimedia as effective as print?	Savage, I	Non	FIP contrôle
404	A randomized trial of combined manipulation, stabilizing exercises, and physician consultation compared to physician consultation alone for chronic low back pain	Niemisto, L	Non	/
405	Characteristics associated with reported CAM use in patients attending six GP practices in the Tayside and Grampian regions of Scotland: a survey	Featherstone, C	Non	pas RCT
406	A prospective multicenter study of the effect of patient education on acceptability of generic prescribing in general practice	Valles, JA	Non	remise FIP aussi par le pharmacien
407	Assessment of handling of inhaler devices in real life: An observational study in 3811 patients in primary care	Molimard, M	Non	/
408	Implementing a pharmacy patient education center	Huntzinger, PE	Non	/
409	The immediate effect on knowledge, attitudes and intentions in primary care attenders of a patient information leaflet: a randomized control trial replication and extension	Humphris, GM	Non	en partie soins dentaires
410	Efficacy of a self-management group intervention for elderly persons with chronic pain	Ersek, M	Non	FIP groupe contrôle
411	Effectiveness of an educational intervention in modifying parental attitudes about antibiotic usage in children	Taylor, JA	Non	doublon
412	Low back pain: what is the long-term course? A review of studies of general patient populations	Hestbaek, L	Non	/
413	Mini-intervention for subacute low back pain - A randomized controlled trial	Karjalainen, K	Non	FIP gpe contrôle
414	Back pain online - A cross-sectional survey of the quality of Web-based information on low back pain	Butler, L	Non	/
415	Identifying barriers and tailoring interventions to improve the management of urinary tract infections and sore throat: a pragmatic study using qualitative methods	Flottorp, S	Non	quali
416	Relationship between patients' warfarin knowledge and anticoagulation control	Tang, EOYL	Non	soins secondaires
417	A qualitative study of patients' perceptions of acute infective conjunctivitis	Everitt, H	Non	quali
418	Self help smoking cessation in pregnancy: cluster randomised controlled trial	Moore, L	Non	soins secondaires
419	Effects of decision aids for menorrhagia on treatment choices, health outcomes, and costs - A randomized controlled trial	Kennedy, ADM	Non	soins secondaires

420	How do GPs diagnose and manage acute infective conjunctivitis? A GP survey	Everitt, H	Non	/
421	Identification of quality problems in the clinical information to hospital emergency department patients	Diaz, SN	Non	pas de contrôle
422	Improving quality of organizing cardiovascular preventive care in general practice by outreach visitors: A randomized controlled trial	Lobo, CM	Non	intervention complexe
423	Informing breast cancer patients about clinical trials: a randomized clinical trial of an educational booklet	Ellis, PM	Non	oncologie
424	A randomized trial of an intervention to improve self-care behaviors of African-American women with type 2 diabetes - Impact on physical activity	Keyserling, TC	Non	pas de FIP
425	Autonomy attitudes in the therapeutic observance of continuous psychotrope users of a cohort	Baumann, M	Non	quali
426	Oral contraception: patterns of non-compliance. The Coraliance study	Aubeny, E	Non	pas de FIP
427	Educational intervention for parents and healthcare providers leads to reduced antibiotic use in acute otitis media	Smabrekke, L	Non	pas de randomisation
428	The Back Home Trial: General practitioner-supported leaflets may change back pain behavior	Roberts, L	Oui	inclu doublon
429	Providing disease-related information worsens health-related quality of life in inflammatory bowel disease	Borgaonkar, MR	Non	soins secondaires
430	Information within optometric practice: comprehension, preferences and implications	Fylan, F	Non	quali
431	Promoting self-change with alcohol abusers A community-level mail intervention based on natural recovery studies	Sobell, LC	Non	mail
432	A survey of reprocessing methods, residual viable bioburden, and soil levels in patient ready endoscopic retrograde choliangiopancreatography duodenoscopes used in Canadian centers	Alfa, MJ	Non	soins secondaires
433	Bronchial asthma and self-management education: implementation of Guidelines by an interdisciplinary programme in a health network - Study of repiratory education group (REG)	Tschopp, JM	Non	soins secondaires
434	Can personal health record booklets improve cancer screening behaviors?	Newell, SA	Non	par mail
435	Randomized, controlled trial of integrated heart failure management - The Auckland heart failure management study	Doughty, RN	Non	en partie soins secondaires
436	Impact of a mini-clinic on diabetic care at a Primary Health Care Center in southern Saudi Arabia	Al-Khaldi, YM	Non	pas de FIP
437	Parental education and guided self-management of asthma and wheezing in the pre-school child: a randomised controlled trial	Stevens, CA	Non	doublon, soins secondaires
438	A frequently used patient and physician-directed educational intervention does nothing to improve primary care of prostate conditions	Hammond, CS	Non	doublon, par mail
439	Professional and community efforts to prevent morbidity and mortality from oral cancer	Alfano, MC	Non	/
440	The effects of patient communication skills training on the discourse of older patients during a primary care interview	Cegala, DJ	Non	doublon
441	The informational needs, satisfaction with communication, and psychological status of primary caregivers of cancer patients receiving chemotherapy	Iconomou, G	Non	quali
442	Patient and practitioner characteristics predict brief alcohol intervention in primary care	Kaner, EFS	Non	/
443	Decisions relating to Cardiopulmonary Resuscitation: a joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing	[Anonymous]	Non	/
444	Randomised trial of the psychological effect of information about oral cancer in primary care settings	Humphris, GM	Non	en partie dentaire
445	Should we give detailed advice and information booklets to patients with back pain? A randomized controlled factorial trial of a self-management booklet and doctor advice to take exercise for back	Little, P	Non	consort 9

	pain			
446	A randomized effectiveness trial of collaborative care for patients with panic disorder in primary care	Roy-Byrne, PP	Non	doublon
447	Do patient information booklets increase perioperative anxiety?	Gillies, MAM	Non	soins secondaires
448	More than just a pamphlet: development of an innovative computer-based education program for cancer patients	Jones, JM	Non	oncologie
449	Process evaluation of a clinical preventive nutrition intervention	Hunt, MK	Non	intervention complexe
450	EatSmart: Efficacy of a multifaceted preventive nutrition intervention in clinical practice	Delichatsios, HK	Non	par mail
451	The readability of pediatric patient education materials on the World Wide Web	D'Alessandro, DM	Non	/
452	Readability and content of supplementary written drug information for patients used by Australian rheumatologists	Buchbinder, R	Non	rhumatologie doublon
453	Standards, Options and Recommendations for home parenteral or enteral nutrition in adult cancer patients	Schneider, S	Non	dév recommendantions
454	Australian dentists' educational needs for smoking cessation counseling	Rikard-Bell, G	Non	/
455	The health information brochure: A useful tool for chiropractic practice?	Jamison, JR	Non	/
456	Randomised controlled trial of self management leaflets and booklets for minor illness provided by post	Little, P	Non	/
457	Physical therapy management of low back pain: An exploratory survey of therapist approaches	Li, LC	Non	/
458	Asthma leaflets for patients: what do asthma nurses use?	Jaffray, MA	Non	pt de vue IDE
459	Childhood vaccine risk/benefit communication in private practice office settings: A national survey	Davis, TC	Non	quali
460	Prescription patterns and quality of information provided for consumers of benzodiazepines	Gutierrez-Lobos, K	Non	soins secondaires
461	Improving rates of cervical cancer screening and Pap smear follow-up for low-income women with limited health literacy	Lindau, ST	Non	/
462	Patients with advanced cancer: A survey of the understanding of their illness and expectations from palliative radiotherapy for symptomatic metastases	Chow, E	Non	/
463	Optimising antibiotic prescribing in primary care	McNulty, CAM	Non	doublon
464	Immediate knowledge increase from an oral cancer information leaflet in patients attending a primary health care facility: a randomised controlled trial	Humphris, GM	Non	en partie dentaire
465	Recommendations of the Assistance Publique des Hopitaux de Paris, AP-HP (Paris Public Hospitals Group) France: The role of medical and non-medical staff in providing information to patients	Lasjaunias, P	Non	/
466	Can chronic disability be prevented? A randomized trial of a cognitive-behavior intervention and two forms of information for patients with spinal pain	Linton, SJ	Non	intervention complexe
467	Knowledge of and attitudes to pharmacotherapy in medical inpatients	Vrhovac, R	Non	soins secondaires
468	The effects of communication skills training on patients' participation during medical interviews	Cegala, DJ	Non	/
469	Effect of the spine practitioner on patient smoking status	Rechtine, GR	Non	pas RCT soins secondaires
470	Promoting physical activity in general practice: a controlled trial of written advice and information materials	Smith, BJ	Non	par mail
471	Firearm safety counseling in primary care pediatrics: A randomized, controlled trial	Grossman, DC	Non	/

472	A controlled trial of an educational pamphlet to prevent disability after occupational low back injury	Hazard, RG	Non	doublon par la poste
473	Tobacco and oral health: attitudes and opinions of European dentists; a report of the EU working group on tobacco and oral health	Allard, RHB	Non	point de vue des dentistes
474	The organization and distribution of patient education materials in family medicine practices	McVea, KLSP	Non	/
475	Not so simple cystitis: How should prescribers be supported to make informed decisions about the increasing prevalence of infections caused by drug-resistant bacteria?	Davey, P	Non	/
476	Developing a tool for health professionals involved in producing and evaluating nutrition education leaflets	Perkins, L	Non	dév FIP
477	The effects of patient communication skills training on compliance	Cegala, DJ	Non	par mail
478	Predictors of attendance in the United Kingdom flexible sigmoidoscopy screening trial	Sutton, S	Non	pas RCT
479	Impact of mailing information about nonurgent care on emergency department visits by Medicaid beneficiaries enrolled in managed care	Rector, TS	Non	doublon
480	Information and advice to patients with back pain can have a positive effect - A randomized controlled trial of a novel educational booklet in primary care	Burton, AK	Non	doublon teste un nouveau livret par rapport à un ancien
481	Reducing surgery in management of spontaneous abortions – Family physicians can make a difference	Wiebe, E	Non	pas RCT
482	Effect of antidepressant drug counselling and information leaflets on adherence to drug treatment in primary care: randomised controlled trial	Peveler, R	Non	consort mauvaise
483	Encouraging out-patients to make the most of their first hospital appointment: to what extent can a written prompt help patients get the information they want?	Fleissig, A	Non	soins secondaires
484	Use of a low-literacy patient education tool to enhance pneumococcal vaccination rates - A randomized controlled trial	Jacobson, TA	Non	doublon 2 FIP
485	How do doctors explain randomised clinical trials to their patients?	Jenkins, VA	Non	/
486	Put Prevention Into Practice - Evaluation of program initiation in nine Texas clinical sites	Goodson, P	Non	quali
487	Oral contraceptives and oral antibiotics: interactions and advice in an accident and emergency setting	Mullan, MH	Non	pas RCT
488	Introduction of a recorded health information line into a pediatric practice	Kempe, A	Non	par téléphone
489	Asthma: Communication between hospital and general practitioners	Marks, MK	Non	/
490	Patients don't present with five choices: An alternative to multiple-choice tests in assessing physicians' competence	Veloski, JJ	Non	/
491	Tailored advice on exercise - Does it make a difference?	Bull, FC	Non	/
492	An evaluation of the impact of health worker and patient education on the care and compliance of patients with epilepsy in Zimbabwe	Adamolekun, B	Non	pas RCT
493	Primary care providers need a variety of nutrition and wellness patient education materials	Kenner, MM	Non	quali
494	Health literacy - Report of the Council on Scientific Affairs	Parker, RM	Non	/
495	Strategies to improve cancer screening in general practice: are guidelines the answer?	Young, JM	Non	/
496	Easy-to-read consumer communications: A missing link in Medicaid managed care	Root, J	Non	/
497	McKenzie therapy and manipulation have similar effects and costs and provide only marginally better outcomes than an educational booklet - Commentary	Haas, M	Non	FIP gpe contrôle
498	Readability levels of patient education material on the World Wide Web	Graber, MA	Non	/

499	Effectiveness of brief intervention on non-dependent alcohol drinkers (EBIAL): a Spanish multi-centre study	Cordoba, R	Non	intervention complexe
500	A community-based randomized trial encouraging sun protection for children	Dietrich, AJ	Non	/
501	Informing patients: A guide for providing patient health information	Tang, PC	Non	quali
502	Randomised controlled trial of patient centred care of diabetes in general practice: impact on current wellbeing and future disease risk	Kinmonth, AL	Non	intervention complexe
503	Evaluation of a patient file folder to improve the dissemination of written information materials for cancer patients	Whelan, TJ	Non	pas RCT
504	A comparison of physical therapy, chiropractic manipulation, and provision of an educational booklet for the treatment of patients with low back pain	Cherkin, DC	Non	doublon / FIP= gpe contrôle
505	A PIL for every ill? Patient information leaflets (PILs): a review of past, present and future use	Kenny, T	Non	doublon
506	Understanding the culture of prescribing: qualitative study of general practitioners' and patients' perceptions of antibiotics for sore throats	Butler, CC	Non	quali
507	Reducing consultations for symptoms of cystitis using a health education leaflet	Banks, JC	Non	doublon pas de randomisation
508	Advice on exercise from a family physician can help sedentary patients to become active	Bull, FC	Non	par mail
509	The smoking gun - Do clinicians follow guidelines on firearm safety counseling?	Barkin, S	Non	/
510	Brief approaches to educating patients and parents in primary care	Glascoe, FP	Non	/
511	A decision aid for women considering hormone therapy after menopause: decision support framework and evaluation	O'Connor, AM	Non	pas RCT
512	Communicating with patients who have limited literacy skills - Report of the National Work Group on Literacy and Health	Weiss, BD	Non	/
513	Information, Training and Assistance to the patient	Caulin, C	Non	/
514	A polio immunization pamphlet with increased appeal and simplified language does not improve comprehension to an acceptable level	Davis, TC	Non	compare 2 FIP en fonction du niv de litéracie
515	Educational material about genetic tests: Does it provide key information for patients and practitioners?	Cho, MK	Non	doublon
516	The relative effectiveness of two styles of educational package to change practice nurses' management of obesity	Ogden, J	Non	point de vue des IDE
517	Written patient information about triple-marker screening: A randomized, controlled trial	Glazier, R	Non	obstétrique et 2 FIP
518	A prospective follow-up study of 5669 users of lansoprazole in daily practice	Leufkens, H	Non	/
519	Literacy levels of ophthalmic patient education materials	Ebrahimzadeh, H	Non	/
520	The 'back home' leaflet: Developing a self-management leaflet for people with acute low back pain	Chapman, JA	Non	/
521	Increasing the use of advance directives in medical outpatients	Landry, FJ	Non	soins secondaires
522	Canadian physicians' attitudes about and preferences regarding clinical practice guidelines	Hayward, RSA	Non	/
523	Evaluation of a self-management plan for chronic obstructive pulmonary disease	Watson, PB	Non	intervention complexe
524	The education of depressed primary care patients: What do patients think of interactive booklets and a video?	Robinson, P	Non	doublon

525	A dietary intervention in primary care practice: The eating patterns study	Beresford, SAA	Oui	inclu
526	Emergency medicine research consent form readability assessment	Mader, TJ	Non	/
527	The effect on compliance of a health education leaflet in colorectal cancer screening in general practice in central England	Hart, AR	Non	doublon envoi par la poste
528	Effectiveness of a nurse-based intervention in a community practice on patients' dietary fat intake and total serum cholesterol level	Pine, DA	Non	pas RCT
529	An evaluation of practice leaflets provided by general dental practitioners working in multi-racial areas	Lowe, PA	Non	évalue les FIP pas leurs effets
530	Development and formative evaluation of a foot self-care program for African Americans with diabetes	Ledda, MA	Non	pas RCT
531	Development and evaluation of a novel patient information system	Wise, PH	Non	/
532	The use of an information leaflet for patients undergoing wisdom tooth removal	ONeill, P	Non	soins secondaires (dentaires)
533	Cystic fibrosis carrier population screening in the primary care setting	Loader, S	Non	pas de FIP
534	Acceptance and use of put prevention into practice materials at an inner-city hospital	Gemson, DH	Non	/
535	Attitude of physicians toward patient package inserts for medication information in Belgium	VanderStichele, RH	Non	pt de vue MG
536	Empowering the patient in the consultation: A pilot study	McCann, S	Non	2 fip
537	Creation of a district diabetes register using the DIALOG system	Vaughan, NJA	Non	/
538	Pitfalls of patient education - Limited success of a program for back pain in primary care	Cherkin, DC	Non	doublon soins secondaires
539	Strategies to support families of children with end-stage renal-failure	Watson, AR	Non	/
540	Impact of environmental patient education on preventive medicine practices	Mead, VP	Non	pas RCT et soins secondaires
541	Readability of pediatric-patient education materials – current perspectives on an old problem	Klingbeil, C	Non	/
542	Dose effects and predictors of outcome in a randomized trial of transdermal nicotine patches in general-practice	Stapleton, JA	Non	Non disponible
543	Controlled evaluation of brief intervention by general-practitioners to reduce chronic use of benzodiazepines	Bashir, K	Non	doublon
544	The effectiveness of waiting room notice-boards as a vehicle for health-education	Wicke, DM	Non	/
545	The effects of computer-tailored smoking cessation messages in family-practice settings	Strecher, VJ	Non	par la poste
546	Health promotion counseling in residency training	Madlonkay, DJ	Non	doublon pas RCT
547	Survey of the attitude of medical and nursing libraries to information literature for patients with gastrointestinal-diseases	Mayberry, MK	Non	pas RCT
548	Educational visiting and hypnosedative prescribing in general-practice	Yeo, GT	Non	protocole
549	Reducing hospital admission through computer-supported education for asthma patients	Osman, LM	Non	soins secondaires, par la poste
550	A strategy for providing food to the patient with neurologically based dysphagia	Robertson, HM	Non	soins secondaires
551	Nutrition activities of physicians in their family-practice setting - changes following a continuing-education nutrition program	Murphy, PS	Non	pt de vue des patients

552	Sudden unexpected death in the emergency department - caring for the survivors	Adamowski, K	Non	pas RCT
553	Nurse-assisted counseling for smokers in primary care	Hollis, JF	Non	FIP groupe contrôle
554	The effect of educational preparation on physician performance with a sexually-transmitted disease-simulated patient	Bowman, MA	Non	education des MG
555	An attempt to influence hypnotic and sedative drug-use	Carey, DL	Non	pas RCT, soins secondaires
556	The role of educational videos in gastroenterology	Probert, CSJ	Non	/
557	Behavioral interventions to increase adherence in colorectal-cancer screening	Myers, RE	Non	par la poste
558	Attitude of the public toward technical package inserts for medication information in belgium	Vanderstichele, RH	Non	doublon pas RCT
559	Out of hours attendance in an army practice	Grundywheeler, NJ	Non	soins secondaires
560	Management of weight problems and obesity - knowledge, attitudes and current practice of general-practitioners	Cade, J	Non	pas RCT
561	Randomized controlled trial of an educational booklet for patients presenting with back pain in general-practice	Roland, M	Oui	doublon
	Cochrane			
1	Unwanted control: how patients in the primary care setting decide about screening for prostate cancer.	Woolf SH	Non	doublon pas RCT
2	Education for self-treatment by adult asthmatics	Maiman LA	Non	doublon pas RCT
3	Reducing antibiotic use for acute bronchitis in primary care: blinded, randomised controlled trial of patient information leaflet.	Macfarlane J	Oui	inclus doublon
4	Entertainment education for prostate cancer screening: a randomized trial among primary care patients with low health literacy.	Volk RJ	Non	doublon
5	Increasing patient involvement in choosing treatment for early breast cancer	Street RL	Non	doublon
6	The effect of decision aids on the agreement between women's and physicians' decisional conflict about hormone replacement therapy	Légaré F	Non	doublon
7	Effectiveness of providing self-help information following acute traumatic injury: randomised controlled trial	Turpin G	Non	doublon
8	Cancer consultation preparation package: changing patients but not physicians is not enough	Butow P	Non	doublon
9	Evaluation of a patient education leaflet designed to improve communication in medical consultations	Frederikson LG	Non	doublon
10	A randomized controlled trial of an information booklet for hypertensive patients in general practice	Watkins CJ	Non	doublon
11	Screening and brief interventions for hazardous alcohol use in accident and emergency departments: a randomised controlled trial protocol	Coulton S	Non	protocole doublon
12	Screening and referral for brief intervention of alcohol-misusing patients in an emergency department: a pragmatic randomised controlled trial.	Crawford MJ	Non	doublon
13	Information sheets for patients with acute chest pain: randomised controlled trial	Arnold J	Oui	inclus doublon
14	Decision analysis for newly diagnosed hypertensive patients: a qualitative investigation	Weiss MC	Non	quali doublon
15	The verbal numeric pain scale: effects of patient education on self-reports of pain	Marco CA	Non	doublon pas RCT
16	Impact of mailing information about nonurgent care on emergency department visits by Medicaid beneficiaries enrolled in managed care	Rector TS	Non	doublon par mail
17	Parental education and guided self-management of asthma and wheezing in the pre-school child: a	Stevens CA	Non	doublon

	randomised controlled trial			
18	Implementing Ask Me 3 to improve African American patient satisfaction and perceptions of physician cultural competency	Michalopoulou G	Non	doublon
19	Impact of information leaflets on behavior of patients with gastroenteritis or tonsillitis: a cluster randomized trial in French primary care	Sustersic M	Oui	doublon
20	Effects of a tailored interactive multimedia computer program on determinants of colorectal cancer screening: a randomized controlled pilot study in physician offices	Jerant A	Non	doublon
21	The effect of Transtheoretical Model based interventions on smoking cessation	Aveyard P	Non	doublon
22	Effect of providing information about normal test results on patients' reassurance: randomised controlled trial	Petrie KJ	Non	doublon soins secondaires
23	Controlled evaluation of brief intervention by general practitioners to reduce chronic use of benzodiazepines	Bashir K	Non	doublon
24	Effects of intervention on medication compliance in children with asthma	Smith NA	Non	doublon pas RCT
25	The education of depressed primary care patients: what do patients think of interactive booklets and a video?	Robinson P	Non	doublon
26	Using tailored telephone counseling to accelerate the adoption of colorectal cancer screening	Costanza ME	Non	doublon
27	Multimedia patient education to assist the informed consent process for knee arthroscopy	Cornoiu A	Non	doublon
28	Practice nursed-based, individual and video-assisted patient education in oral anticoagulation--protocol of a cluster-randomized controlled trial	Hua TD	Non	Doublon attente réponse mail pour texte intégral
29	Randomised trial of the psychological effect of information about oral cancer in primary care settings	Humphris GM	Non	doublon
30	The clinical and cost-effectiveness of the BRinging Information and Guided Help Together (BRIGHT) intervention for the self-management support of people with stage 3 chronic kidney disease in primary care: study protocol for a randomized controlled trial.	Blickem C	Non	doublon
31	A checklist to improve patient education in a cardiology outpatient setting	Martinali J	Non	doublon
32	Randomised controlled trial of effect of leaflets to empower patients in consultations in primary care	Little P	Non	doublon
33	Patient education: comparative effectiveness by means of presentation	Miller G	Non	doublon
34	The role of fear of movement in subacute whiplash-associated disorders grades I and II	Robinson JP	Non	doublon
35	Educating asthmatic patients in primary care: a pilot study of small group education	Thapar A	Non	doublon
36	Long-term efficacy of a checklist to improve patient education in cardiology	Bolman C	Non	doublon
37	An oral cancer information leaflet for smokers in primary care: results from two randomised controlled trials	Humphris GM	Non	doublon
38	Assessment of impact of information booklets on use of healthcare services: randomised controlled trial	Heaney D	Non	doublon
39	Videotape-based decision aid for colon cancer screening. A randomized, controlled trial	Pignone M	Non	doublon
40	Effect of a GP desktop resource on smoking cessation activities of general practitioners	McEwen A	Non	doublon
41	Reducing unnecessary prescriptions of antibiotics for acute cough: adaptation of a leaflet aimed at Turkish immigrants in Germany	Sahlan S	Non	doublon
42	Is patient education using audiovisual methods helpful?	Herrmann KS	Non	doublon
43	Use of a low-literacy patient education tool to enhance pneumococcal vaccination rates. A	Jacobson TA	Non	doublon

	randomized controlled trial			
44	Helping patients decide about back surgery: a randomized trial of an interactive video program	Phelan EA	Non	doublon
45	Recall, retention, utilisation and acceptability of written health education materials	Newell S	Non	doublon
46	Overcoming poor attendance to first scheduled colonoscopy: a randomized trial of peer coach or brochure support	Turner BJ	Non	doublon
47	Prescription information leaflets: a pilot study in general practice	George CF	Non	doublon
48	Predicting the duration of symptoms in lower respiratory tract infection	Moore M	Non	doublon
49	Use of a decision aid for prenatal testing of fetal abnormalities to improve women's informed decision making: a cluster randomised controlled trial [ISRCTN22532458]	Nagle C	Non	doublon
50	Media and memory: the efficacy of video and print materials for promoting patient education about asthma	Wilson EA	Non	doublon
51	Effectiveness of medicines review with web-based pharmaceutical treatment algorithms in reducing potentially inappropriate prescribing in older people in primary care: a cluster randomized trial (OPTI-SCRIPT study protocol)	Clyne B	Non	doublon
52	Activity Increase Despite Arthritis (AÏDA): phase II randomised controlled trial of an active management booklet for hip and knee osteoarthritis in primary care	Williams NH	Non	Doublon RCT final pas encore mené (mail)
53	The influence of medical information on the perioperative course of stress in cardiac surgery patients	Bergmann P	Non	doublon
54	Randomized controlled trial of an educational booklet for patients presenting with back pain in general practice	Roland M	Oui	doublon
55	A randomised controlled trial of management strategies for acute infective conjunctivitis in general practice	Everitt HA	Non	doublon
56	SMART MOVE - a smartphone-based intervention to promote physical activity in primary care: study protocol for a randomized controlled trial.	Glynn LG	Non	doublon
57	Randomized trial of two physiotherapy interventions for primary care neck and back pain patients: 'McKenzie' vs brief physiotherapy pain management	Moffett JK	Non	doublon
58	A frequently used patient and physician-directed educational intervention does nothing to improve primary care of prostate conditions	Hammond CS	Non	doublon
59	Immediate knowledge increase from an oral cancer information leaflet in patients attending a primary health care facility: a randomised controlled trial	Humphris GM	Non	doublon
60	Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial	Kaner E	Non	doublon
61	Information leaflet and antibiotic prescribing strategies for acute lower respiratory tract infection: a randomized controlled trial	Little P	Oui	doublon
62	Risk perception of oral cancer in smokers attending primary care: a randomised controlled trial	Humphris GM	Non	doublon
63	Effect of a simple information booklet on pain persistence after an acute episode of low back pain: a non-randomized trial in a primary care setting	Coudeyre E	Oui	doublon
64	Brief alcohol intervention in the emergency department: moderators of effectiveness	Walton MA	Non	doublon
65	Health education on self-management and seeking health care in older adults: a randomised trial	vanEijken M	Non	doublon
66	Evaluation of an interactive program for preventing adverse drug events in primary care: study protocol of the InPAct cluster randomised stepped wedge trial.	Christy SM	Non	doublon
67	Promoting colorectal cancer screening discussion: a randomized controlled trial.	Keriel-Gascou M	Non	doublon

68	Evaluation of a toolkit to improve cardiovascular disease screening and treatment for people with type 2 diabetes: protocol for a cluster-randomized pragmatic trial	Shah BR	Non	doublon
69	A randomized controlled trial on the effect of an information booklet for young families in Denmark	Hansen BW	Non	doublon
70	Tailored advice on exercise--does it make a difference?	Bull FC	Non	doublon
71	Tailored advice on exercise--does it make a difference?	Jamrozik K	Non	doublon compare 2 FIP
72	Self help programme for anxiety in general practice: controlled trial of an anxiety management booklet	Sorby NG	Non	doublon
73	The effect on compliance of a health education leaflet in colorectal cancer screening in general practice in central England	Hart AR	Non	doublon
74	Randomized trial of distance-based treatment for young children with discipline problems seen in primary health care	Reid GJ	Non	doublon
75	Effect of using an interactive booklet about childhood respiratory tract infections in primary care consultations on reconsulting and antibiotic prescribing: a cluster randomised controlled trial	Francis NA	Oui	doublon
76	Clinical and cost effectiveness of booklet based vestibular rehabilitation for chronic dizziness in primary care: single blind, parallel group, pragmatic, randomised controlled trial	Yardley L	Non	doublon
77	Management of minor illness	Morrell DC	Non	doublon
78	Beliefs and behavior of deceivers in a randomized, controlled trial of anti-smoking advice at a primary care clinic in Kelantan, Malaysia	Jackson AA	Non	doublon
79	Clinical and cost effectiveness of booklet based vestibular rehabilitation for chronic dizziness in primary care: single blind, parallel group, pragmatic, randomised controlled trial (Structured abstract)	Yardley L	Non	doublon
	EMBASE			
1	Erectile dysfunction in the cardiology practice - A patients' perspective	Nicolai M.P.J.	Non	quali
2	The effect of including a 'psychooncological statement' in the discharge summary on patient-physician communication: A randomized controlled trial	Book K.	Non	soins secondaires
3	Two sides of the same coin? Patients' and carers' views of UK Memory services	Hodge S	Non	quali
4	Personalized care program (PCP) to breast cancer patients improves the patient satisfaction	Vanlemmens L	Non	/
5	As HIV moves towards a chronic disease, how involved are patients in their own care?	Perry N.	Non	quali
6	Informing patients about medicines-A hospital in-patient survey in England	Krska J	Non	soins secondaires
7	Evaluating the patient-physician relationship in chronic Hepatitis B: Results from a qualitative european patient survey	Heaney G	Non	quali
8	Patients' satisfaction after a comprehensive assessment for complex chronic facial pain at a specialised unit: Results from a prospective audit	Napenas J.J.	Non	soins secondaires
9	Effective training strategies for teaching communication skills to physicians: An overview of systematic reviews	Berkhof M	Non	point de vue MG
10	Does an information leaflet about surgical site infection (SSI) improve recollection of information and satisfaction of patients? A randomized trial in patients scheduled for digestive surgery.	Merle V.	Non	soins secondaires
11	Asking about alcohol misuse in the primary medical encounter: What female patients have to say	Osborne V.A	Non	quali
12	Patients' awareness of postoperative adhesions: Results from a multi-centre study and online survey	Kraemer B	Non	/
13	Interventions to improve patient comprehension in informed consent for medical and surgical procedures: a systematic review.	Schenker Y	Non	/

14	Health literacy and ophthalmic patient education	Muir K.W	Non	/
15	Web-based survey on the effect of digital storytelling on empowering women to seek help for urogenital atrophy	Cumming G.P.	Non	/
16	Screening for psychological distress in patients with lung cancer: Results of a clinical audit evaluating the use of the patient Distress Thermometer	Lynch J	Non	/
17	Consenting patients for endoscopic retrograde cholangiopancreatography: Results of a survey of 182 UK endoscopists and 2059 of their patients	Williams E.J.	Non	/
18	Patient education strategies in dermatology-Part 2: Methods	Zirwas M.J	Non	/
19	Communication during the first consultation in the Radiation-Oncology Department: Are we correctly assessing the patients' understanding and preferences for information?	Hirota S.	Non	soins secondaires
20	Using written information in clinical work with patients and carers	Timms P.	Non	avis expert, pas RCT
21	Impact of written information describing postoperative pain management on patient agreement with proposed treatment	Binhas M.	Non	soins secondaires
22	The information and consent process in patients undergoing elective ENT surgery: A cross-sectional survey	Georgalas C.	Non	/
23	Physician-identified factors affecting patient participation in reaching treatment decisions	Shepherd H.L	Non	/
24	Review article: Medication non-adherence in ulcerative colitis – Strategies to improve adherence with mesalazine and other maintenance therapies	Hawthorne A.B	Non	pas de FIP
25	Sharing knowledge is the key to success in a patient-physician relationship: How to produce a patient information leaflet on COPD	Scala D	Non	/
26	Health care professionals and pain: A cross-sectional study on information, assessment and treatment	Montes A	Non	/
27	Effects of written information material on help-seeking behavior in patients with erectile dysfunction: A longitudinal study	Berner M.M.	Non	/
28	A review of the literature surrounding the provision of interpreters in health care, focusing on their role in translating information for non-English-speaking cancer patients and issues relating to informed consent	Gargan N.	Non	/
29	Ethical issues arising from the requirement to provide written information in palliative care	Plu I.	Non	soins secondaires
30	Oncologists' perceptions of cancer pain management in Spain: The real and the ideal	Carulla Torrent J.	Non	/
31	A system review of quantitative and qualitative research on the role and effectiveness of written information available to patients about individual medicines	Raynor D.K.	Non	notices médicaments
32	Assessing surgeons' disclosure of risk information before carotid endarterectomy	Middleton S.	Non	pt de vue chirurgien
33	Evaluation of knowledge and anxiety level of patients visiting the colorectal pelvic floor clinic	Coolen J.C.G	Non	soins secondaires
34	Improving comprehension of informed consent	Kusec S.	Non	qualité des FIP
35	The effect of giving information in advance on the clinical training of medical students	Westberg K.	Non	soins secondaires
36	The importance of informing the patient	Guzeldemir E.	Non	/
37	How to improve continuing education and quality improvement in Norwegian general practice?	Flottorp S.	Non	/
38	An exploratory study of cancer patients' views on doctor-provided and independent written prognostic information	Davey H.M	Non	quali
39	Effect of the law of patient autonomy on risk management in healthcare. New legal perspectives in patient information and medical records	De Montalvo-Jaaskelainen F.	Non	analyse texte de loi

40	Evaluation of the impact of information about treatment-related risks in patients receiving blood-derived or recombinant medications	Magli-Barioz D	Non	soins secondaires
41	The information needs of women who have undergone breast reconstruction. Part I: Decision-making and sources of information	Wolf L.	Non	quali
42	Patient information following emergency laparoscopy for right iliac fossa pain	Malin G.G.	Non	soins secondaires
43	Communicating cardiovascular disease risk due to elevated homocysteine levels: Using the EPPM to develop print materials	McKay D.L.	Non	/
44	Musculoskeletal pain in Europe: Its impact and a comparison of population and medical perceptions of treatment in eight European countries	Woolf A.D.	Non	/
45	Written information plans for patients receiving immunotherapy	Bousquet J.	Non	avis d'expert
46	Cancer patients' preferences for written prognostic information provided outside the clinical context	Davey H.M.	Non	/
47	Experiences at the time of diagnosis of parents who have a child with a bone dysplasia resulting in short stature	Hill V	Non	quali
48	Clinicians' responses to direct-to-consumer advertising of prescription medications	Zachry III W.M.	Non	/
49	Do parents understand emergency department discharge instructions? A Survey analysis	Waisman Y.	Non	soins secondaires
50	GPs' beliefs about their management of depression and needs for supporting change in practice.	Byng R	Non	/
51	An audit of documentation of breaking bad news: Can we tell who said what to whom?	Barnett M.	Non	/
52	Practical problems: Drug delivery and patient information	Menguy A.	Non	/
53	A local perspective on the initial management of children with cleft lip and palate by primary care physicians	Grow J.L.	Non	/
54	Information-giving to patients with genital warts at a genitourinary medicine clinic: A baseline assessment	McClean H.	Non	/
55	Doctor - Patient Communication: Do people with spinal cord injury wish to receive written information about their medical condition from the unit? (a Survey)	Vaidyanathan S	Non	pas RCT
56	Role of nurses in offering informed consent to clinical trials for Advanced lung cancer	Inoue Y.	Non	/
57	Health care providers' perspectives on breaking bad news to patients	Ptacek J.T.	Non	/
58	Encouraging out-patients to make the most of their first hospital appointment: To what extent can a written prompt help patients get the information they want?	Fleissig A	Non	soins secondaires
59	Providing patients with written information helps them to be aware of and report adverse drug reactions? (multiple letters)	Harada K.	Non	Données non disponibles
60	Benzodiazepine consumption in Hvalso. An attempt to reduce the consumption of benzodiazepine in an area in which earlier intervention reduced consumption by 38%	Damsgaard J.J.	Non	article en danois
61	Patient information and preoperative informed consent. Comments on a French experience	Lebuisson D.A.	Non	/
62	The south tyneside FASTRAK service: Evaluation of a new model for day surgery	Bradshaw C.	Non	/
63	Participating in the MRCPsych examinations: The patients' experience	Sloan D	Non	/
64	An educational intervention as decision support for menopausal women.	Rothert M.L.	Non	fip groupe contrôle
65	Empowering the patient in the consultation: A pilot study	McCann S.	Non	FIP dans les 2 groupes
66	Telephone-based nursing intervention improves the effectiveness of the informed consent process in cancer clinical trials	Aaronson N.K.	Non	/

67	Drug treatment: Risk perception by the public and the health professionals	Bogaert M.G	Non	/
68	Patient acceptance of an information sheet about cardiopulmonary resuscitation options	Gates R.A.	Non	soins secondaires
69	Barriers to verbal communication and consumer satisfaction with consultations in general medicine	Aizpuru Barandiaran F.	Non	pas RCT
70	Informed consent and the physician-patient relations in thoracic oncology	Demoly P	Non	soins secondaires
71	Evaluation of information on dental health care at child health centers. Differences in educational level, attitudes, and knowledge among parents of preschool children with different caries experience.	Kinnby C.G.	Non	par téléphone
72	Providing written information for patients: Psychological consideration	Weinman J	Non	avis d'expert
73	Patients' and general practitioners' satisfaction with information given on discharge from hospital: Audit of a new information card	Sandler D.A.	Non	pas RCT
74	Health literature for parents of children with cerebral palsy	Donovan T.J.	Non	soins secondaires
75	House calls to patients with an immunodeficiency disorder	Cockburn J	Non	consort 12
76	Effects of intervention on antibiotic compliance in patients in general practice	Keestra R.W	Non	méthode
77	Consent, dissent, cement	Calman K.C.	Non	/
78	Patients' knowledge of their condition and treatment: how it might be improved.	Dunkelman H.	Non	pas RCT
	PASCAL ERIC FRANCIS (français)			
1	Assessing the impact of direct-to-consumer advertisements on the AA patient: A multisite survey of patients during the office visit	ALLISON-OTTEY,Sharon	Non	pas RCT
2	Carnet de suivi du patient diabétique	Chastang, Cécile	Non	pas RCT
3	Compliance with fluvastatin treatment characterization of the noncompliant population within a population of 3845 patients with hyperlipidemia	BRUCKERT, E	Non	/
4	Do Medication Samples Jeopardize Patient Safety?	FRANKS, Andrea S	Non	pas RCT
5	Effect of increased patient-physician contact time and health education in achieving diabetes mellitus management objectives in a resource-poor environment	MSHELIA, D. S.	Non	pas RCT
6	Elaboration d'un outil d'aide à l'éducation du patient par la réalisation de 125 fiches d'information et de conseil concernant les motifs de consultations les plus fréquents en médecine générale	SUSTERSIC, Mélanie	Non	pas RCT
7	Etude comparative de trois stratégies d'éducation en matière de vaccination en salle d'attente de médecin générale	Rolland, Marie-Aude	Non	pas RCT
8	Étude de la qualité de quatre guides de conseils de puériculture diffusés massivement et gratuitement en France (étude conduite en 2006 sur une population d'utilisateurs des guides en Seine-Saint-Denis)	Ogougbemi, Georgette Pascaline	Non	pas RCT
9	Help-seeking behaviors in relatives of schizophrenics in Taiwan	YEN KUANG YANG	Non	pas RCT
10	L'automédication des enfants de moins de douze ans par leurs parents et risques encourus (enquête auprès de 423 familles)	Bouville, Bénédicte	Non	pas RCT
11	L'information des adolescents atteints de cancer : état des lieux en oncologie pédiatrique en France : Adolescent et cancer	TOUTENU, Pauline	Non	soins secondaires

12	L'information du médecin généraliste par le Comité Français d'Education pour la Sante	Sociétés Françaises d'Enquêtes et de Sondages. (S.O.F.R.E.S.)	Non	pas RCT
13	L'information du patient, son importance, ses conséquences, droit et devoirs de chacun	DECANTER, B.	Non	pas RCT
	PASCAL ERIC FRANCIS (anglais)			
1	A comparison of physical therapy, chiropractic manipulation, and provision of an educational booklet for the treatment of patients with low back pain	CHERKIN, D.	Non	doublon
2	A frequently used patient and physician-directed educational intervention does nothing to improve primary care of prostate conditions. Commentary	HAMMOND, Cristina S.	Non	doublon, par mail
3	A randomized Effectiveness trial of collaborative care for Patients with panic disorder in primary care	ROY-BYRNE, Peter P.	Non	intervention complexe
4	A Randomized Trial of the Effect of Community Pharmacist and Nurse Care on Improving Blood Pressure Management in Patients With Diabetes Mellitus : Study of Cardiovascular Risk Intervention by Pharmacists-Hypertension (SCRIP-HTN)	MCLEAN, Donna L.	Non	pharma doublon
5	A Reengineered Hospital Discharge Program to Decrease Rehospitalization : A Randomized Trial	JACK, Brian W	Non	soins secondaires
6	Adherence-related behavior in adolescents with asthma : Results from focus group interviews	VAN ES, S. M	Non	quali
7	Alternative prenatal care : impact of reduced visit frequency, focused visits and continuity of care	BINSTOCK, M. A.;	Non	soins secondaires
8	An evaluation of the impact of health worker and patient education on the care and compliance of patients with epilepsy in Zimbabwe	ADAMOLEKUN, B.	Non	doublon
9	Asking questions can help: development and preliminary evaluation of a question prompt list for palliative care patients	CLAYTON, J.	Non	doublon quali
10	Assessment of the effect upon maternal knowledge of an information leaflet about pain relief in labour	STEWART, A.	Non	doublon quali
11	Barriers to implementing a policy not to attempt resuscitation in acute medical admissions : prospective, cross sectional study of a successive cohort	FIDLER, H.	Non	doublon
12	Change in quality of life from before to after discharge following left ventricular assist device implantation	GRADY, Kathleen L.	Non	soins secondaires
13	Clinical pharmacy-led disease and medicine management programme for patients with COPD	KHDOUR, Maher R.	Non	doublon
14	Cost-effectiveness of cognitive behavioural therapy, graded exercise and usual care for patients with chronic fatigue in primary care	MCCRONE, P	Non	doublon
15	Developing a tool for health professionals involved in producing and evaluating nutrition education leaflets	PERKINS, L.	Non	doublon
16	Evaluating the quality of patient leaflets about renal replacement therapy across UK renal units	WINTERBOTTOM, Anna	Non	qualité FIP
17	Impact of educational mailing on the blood pressure of primary care patients with mild hypertension	HUNT, Jacquelyn S.	Non	doublon
18	Implementing a statin switching programme in primary care: patients' views and experiences	KRSKA, Janet	Non	doublon
19	Improvement in quality of life outcomes 2 weeks after left ventricular assist device implantation	GRADY, Kathleen L.	Non	soins secondaires

20	Information and advice to patients with Back pain can have a positive effect. A randomized controlled trial of a novel educational booklet in primary care	BURTON, A. K.	Non	doublon
21	Informing breast cancer patients about clinical trials: a randomized clinical trial of an educational booklet	ELLIS, P. M	Non	doublon
22	Le dépistage préconceptionnel de la rubéole, de l'hépatite B et de la varicelle en médecine générale (étude des pratiques et des obstacles réalisée sur un échantillon de médecins généralistes isérois en 2013)	Loret Magdeleine, Lucie;	Non	pt de vue MG pas RCT
23	New Practitioners in the future health service : exploring roles for practitioners in primary and intermediate care	LISSAUER, R	Non	pt de vue MG pas de FIP
24	Optimising antibiotic prescribing in primary care	MCNULTY, Cliodna A.	Non	doublon
25	Optimizing antibiotic prescribing in primary care settings in the UK: findings of a BSAC multi-disciplinary workshop 2009	MCNULTY, Cliodna A. M.	Non	doublon
26	PATIENT PERCEPTION OF RISK FACTORS IN HEAD AND NECK CANCER	SOMMER, Leeor	Non	soins secondaires
27	Patient satisfaction with GP-led melanoma follow-up: a randomized controlled trial	MURCHIE, P.	Non	doublon
28	Pitfalls of patient education : limited success of a program for back pain in primary care. Point of view	CHERKIN, D. C.	Non	doublon
29	Positive effect of patient education for hip surgery: A randomized trial	GIRAUDET-LE QUINTREC, Janine-Sophie	Non	soins secondaires
30	Preparatory education for informed decision-making in prostate cancer early detection and treatment	MYERS, R. E	Non	pas d'évaluation de FIP
31	Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial	HEWITSON, P.	Non	doublon
32	Prise en charge des patients greffés cardiaques (élaboration d outils support pour l accompagnement des patients)	Thomas, Cécilia	Non	soins secondaires
33	Randomized controlled trial of the impact of Intensive patient education on compliance with fecal occult blood testing	STOKAMER, Charlene L.	Non	doublon
34	Randomized trial examining the effect of two prostate cancer screening educational interventions on patient knowledge, preferences, and behaviors	PARTIN, Melissa R.	Non	doublon
35	Recall of discharge advice given to patients with minor head injury presenting to a Singapore emergency department	HENG, K. W. J.	Non	pas RCT
36	Reducing antibiotic prescriptions for acute cough by motivating GPs to change their attitudes to communication and empowering patients : a cluster-randomized intervention study	ALTINER, Attila	Non	doublon
37	Reducing hospital admission through computer supported education for asthma patients	OSMAN, L. M.	Non	doublon
38	Risk perception of oral cancer in smokers attending primary care: a randomised controlled trial	HUMPHRIS, G. M.	Non	doublon
39	Self management of arthritis in primary care : randomised controlled trial	BUSZEWICZ, Marta	Non	doublon
40	Self-Help Treatment for Insomnia Symptoms Associated with Chronic Conditions in Older Adults: A Randomized Controlled Trial	MORGAN, Kevin	Non	doublon
41	The Diabetes Mellitus Medication Choice Decision Aid: A Randomized Trial	MULLAN, Rebecca J	Non	doublon
42	The effect of a distance-learning programme on patient self-management of lower urinarytract symptoms (luts) in general practice: A randomised controlled trial	WOLTERS, René	Non	doublon

43	The effect of an educational leaflet on depressive patients' attitudes toward treatment	SAWAMURA, Kanae	Non	doublon
44	The effect of brief interventions on alcohol consumption among heavy drinkers in a general hospital setting	HOLLOWAY, Aisha S.	Non	doublon
45	The effect on compliance of a health education leaflet in colorectal cancer screening in general practice in central England	HART, A. R.	Non	doublon
46	The effects of patient communication skills training on the discourse of older patients during a primary care interview	CEGALA, Donald J.	Non	doublon
47	The Efficacy of a Short Education Program and a Short Physiotherapy Program for Treating Low Back Pain in Primary Care: A Cluster Randomized Trial	ALBALADEJO, Celia	Non	doublon
48	The impact of education on chronic kidney disease patients' plans to initiate dialysis with self-care dialysis : A randomized trial	MANNS, Braden J.	Non	doublon
49	The New Zealand Diabetes Passport study: a randomized controlled trial of the impact of a diabetes passport on risk factors for diabetesrelated complications	SIMMONS, D.	Non	doublon
50	The role of information for improvement of patients' treatment in Bulgaria	PETKOVA, V.	Non	pas RCT
51	The smoking gun : Do clinicians follow guidelines on firearm safety counseling?	BARKIN, S.	Non	doublon
52	Understanding the culture of prescribing : qualitative study of general practitioners' and patients' perceptions of antibiotics for sore throats	BUTLER, C. C.	Non	doublon quali
53	Well it's like someone at the other end cares about you. A qualitative study exploring the views of users and providers of care of contact-based interventions following self-harm	COOPER, Jayne	Non	doublon quali
54	Women's management of menstrual symptoms : Findings from a postal survey and qualitative interviews	SANTER, Miriam	Non	quali
	CAIRN			
1	Le consentement éclairé en périnatalité et en pédiatrie	Mostafa Mokhtari	Non	/
2	Enquête sur les pratiques d'information et de recueil du consentement dans la recherche biomédicale : consentir, mais à quoi ?	Philippe Amiel	Non	/
3	Éthique et droits de la personne	René Bobet	Non	/
4	Ateliers et types de travail	François Tosquelles	Non	/
	Liste biblio			
1	Brief intervention for harm reduction with alcohol-positive older adolescents in hospital emergency departement.	Monti PM	non	/
2	Randomised controlled trial of general practioner intervention in patients with excessive alcohol consumption	Wallace P	non	/
3	Assisting problem drinkers to change on their own-Effect of specific and non-specific advice	Spivak K	non	/
4	Antibiotics and respiratory illness in general practice: prescribing policy and work load	Howie JGR	non	/
5	Patients' knowledge of their condition and treatment: how it might be improved.	Dunkelman H	non	/
6	A PIL for ecery ill? Patient information leaflets (PILs): a review of past, present and future use.	Kenny T	non	doublon
7	Patient information leaflets-the state of the art	Kitching JB	non	/
8	Fiches d'information pour les patients: quel intérêt? L'étude EDIMAP	Sustersic	non	/

9	Effect of educational l eaflets and questions on knowledge of contraception in women taking the combined contraceptive pill: randomized controlled trial	Little P	oui	inclus
10	Written patient information-a review of the literature	Arthur VAM	non	/
11	The back home trail: general practionner-supported leaflets may change back pain behavior	Roberts L	oui	inclus
12	Written medicines information for South African HIV/AIDS patients: does it enhance understanding of co-trimoxazole therapy?	Mansoor L	non	exclus par consort
13	A program of anticipatory guidance for the prevention of emergency departement visits for ear pain	McWilliams DB	non	/
14	Patient education about cough: effect on the consulting behaviour of general practice patients	Rutten G	non	/
15	Emergency departement information: does it affect patients' perception and satisfaction about the care given in an emergency departement?	Kologlu M	non	/
16	Effect of providing information about normal test results on patients' reassurance: randomised controlled trial	Petrie KJ	non	doublon
17	Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home	Johnson A	non	/
18	Information provision for stroke patients and their caregivers	Forster A / Smith J	oui	inclus
19	Comprehension is greater using a short vaccine information pamphlet with graphics and simple language	Davis TC	non	non dispo, mail non trouvé
20	Decision aids for patients facing health treatment or screening decisions: a systematic review	O'Connor A	non	/
21	Is health education effective? Monograph no. 2	Gatherer A	non	/
22	Evaluation of the patient education manual	Anderson JE	non	/
23	Effect of general practionners' advice against smoking	Russel MAH	non	exclus par consort
24	Population based intervention to change back pain belieifs and disability: three part evaluation	Buchbinder R	non	/
25	Information and advise to patients with low back pain can have a positive effect: a randomised controlled trial of a novel educational booklet in primary care	Burton AK	non	/
26	Pitfalls of patient education. Limited sucess of a program for back pain in primary care	Cherkin DC	non	consort 8
27	A comparison of physical therapy, chiropractic manipulation, and provision of an educational booklet for the treatment of patients with low back pain	Cherkin DC	non	/
28	Can a patient educational book change behavior and reduce pain in chronic low back pain patients?	Undermann BE	non	/
29	A controlled trial of an educational pamphlet to prevent disability after occupational low back injury	Hazard RG	non	/
30	Preventive care in in the emergency department: screening and brief intervention for alcohol problems in the emergency departement: a systematic review	D'Onofrio G	non	RL sur intervention brève type entretien motivationnel PDF USB
31	Systematic review and meta-analyses of strategies targeting alcohol problems in emergency departments: interventions reduce alcohol related injuries	Havard A	non	/
32	A randomized clinical trial of a brief motivational intervention for alcohol-positive adolescents treated in an emergency of department	Spirito A	non	/
33	Randomized controlled trial of motivational interviewing compared with drug information and advice for early intervention among young cannabis users	MCCambridge J	non	/
34	Interventions in the alcohol server for preventing injuries	Ker K	non	/

35	Interventions for reducing adolescent alcohol abuse: a meta-analytic review	Tripodi SJ	non	/
36	Patient knowledge about prescribed medicines	Busson M	non	/
37	Attitudes towards patient package inserts	Fleckenstein L	non	/
38	Comprehension, memory and success of communications with the patient	Ley P	Non	Non dispo / Mail le 15/05/14 à James.Mcguire@liverpool.ac.uk
39	Written advice: compliance and recall	Gauld VA	non	exclus par consort
40	Satisfaction compliance and communication	Ley P	non	/
41	The ARC Patient Literature Evaluation Project	Bishop P	Non	non dispo, mail non trouvé
42	Providing written information for patients: psychological considerations	Weinman J	non	/
43	Reducing anxiety in a new dental patients by means of leaflets	Jackson C	non	/
44	Effective instructions for patients	Mayberry JF	non	/
45	Comparative assessment of two booklets about rheumatoid arthritis intended for use by patients	Wilkinson P	non	/
46	Value of written health information in the general practice setting	Collings CH	non	/
47	Does patient education in chronic disease have therapeutic value?	Mazzuca SA	non	/
48	Evaluation of a patient education manual	Anderson JE	non	doublon
49	Convincing consultations'. Using patient information leaflets	Chadwick S	Non	Non dispo / Mail le 16/05 kjmann@cmh.edu / c.salisbury@bristol.ac.uk
50	Prescribing the leaflets	Fawdry R	non	pas RCT
51	Communicating with patients: Improving communication, satisfaction and compliance	Ley P	non	/
52	Patient information leaflets: do they really inform?	Gunn C	non	Non dispo / Mail 15/05/14 beitelmark@aol.com
53	PILs project Summary report: ensuring the readability, understandability and efficacy of patient information leaflets.		non	pas de synthèse
54	Patient Information and Education materials: a review of the literature	Clark J	non	pas RCT
55	Informing the patient	Griffin JP	Non	non dispo
56	Using printed materials effectively in health promotion	Williams J	non	pas RCT
57	General Practionners use of health education material. Results from a nationwide survey in Denmark in 1991	The Danish Health Education Study Group	non	/
58	Prescription information leaflets - a national survey	Gibbs S	non	/

59	Medicines and the role of patient information leaflets.	Gibbs S	Non	non dispo, mail non trouvé
60	General practionners' use of written materials during consultations	Tapper-Jones L	non	/
61	Prodigy interim report	Purves IN	non	/
62	Prodigy: implementing clinical guidance using computers	Purves	non	/
63	Long-term dietary outcomes of the FRESH START intervention for breast and prostate cancer survivors.	Christy SM	non	/
64	Computer-tailored interven- tion improves colon cancer screening knowledge and health beliefs of African Americans.	Rawl SM	non	/
65	If you're 50 or older, you need to get tested for colon cancer. No matter how good your excuse is.	AmericanCancerSociety	non	/
66	Instrument refınement for breast cancer screening behaviors.	Champion VL.	non	/
67	Cancer fatalism among elderly Caucasians and African Americans.	Powe BD.	non	/
68	Fatalism among elderly African Americans : effects oncolorectal cancer screening.	PoweBD.	non	/
69	Importance of fatalism in under- standing mammography screening in rural elderly women.	Mayo RM	non	/
70	Rapide stimate of adult literacy in medicine: a shortened screening instrument.	DavisTC	non	/
71	Informed choice in screening programmes: Do leaflets help? A critical literature review	Fox R	oui	inclus
72	Standardized instructions: do they improve communication of discharge from the emergency departement?	Isaacman	non	pas de randomisation mais 15n alternées.
73	Effects of caregiver education in stroke rehabilitation on the quality of life of stroke survivors.	Chinchai P	Non	non dispo, mail p.chinchai@ot.curtin.edu.au
74	Do parents value and use written health information ?	Johnson	Non	non dispo, mail anne.johnson@flinders.edu.au
75	Relaxation training for patients with chronic cancer pain.	Scallion	Non	non dispo / Virginia.Rhodes@va.gov
76	Improving cardiovascular risk management: a randomized, controlled trial on the effect of a decision support tool for patients and physicians	van Steenkiste	non	groupe contrôle recoit aussi une information écrite

5. Annexe 5 : Checklist CONSORT

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Roland 1989**	
	1a	Identification as a randomised trial in the title	Oui
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Non
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1
	2b	Specific objectives or hypotheses	Oui pg 1
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 1
	4b	Settings and locations where the data were collected	Oui pg 1
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Non
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 1
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 3
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 1
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 1
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 1
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 1
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	/

	11b	If relevant, description of the similarity of interventions	/
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 2
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	/
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui pg 2
	13b	For each group, losses and exclusions after randomisation, together with reasons	Oui pg 2
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 1
	14b	Why the trial ended or was stopped	/
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Non
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui table 1 et 2
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Non
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Non
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	/
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Oui pg 3
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 3
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 3
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 3
Other information			
Registration	23	Registration number and name of trial registry	Non
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 3

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Beresford 1997**	
	1a	Identification as a randomised trial in the title	Non
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1
	2b	Specific objectives or hypotheses	Oui pg 1
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Non
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Oui pg 1 et 2
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 3 et 4
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Non
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui haut pg 2 ? bas pg 4 ?
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 4 (partiel)
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Non
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui partiel pg 2 et 4

Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Oui pg 2
	11b	If relevant, description of the similarity of interventions	Oui pg 2
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 2
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui pg 4
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui table 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Non que partiel
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 1
	14b	Why the trial ended or was stopped	Non
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Non
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui pg 5 et 6 et table 3 et 4
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui idem
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	/
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Oui pg 5 et 6
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 6
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 6
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 6
Other information			
Registration	23	Registration number and name of trial registry	Oui pg 7
Protocol	24	Where the full trial protocol can be accessed, if available	/
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 1 et 7

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Little 1998**	
	1a	Identification as a randomised trial in the title	Oui
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1
	2b	Specific objectives or hypotheses	Oui pg 1
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 2
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Oui pg 1
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 2 et 3
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 1
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Non
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 2
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 2
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 2
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Oui pg 2
	11b	If relevant, description of the similarity of interventions	Oui
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 2 et 3
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui pg 2 et 3
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui table 2
	13b	For each group, losses and exclusions after randomisation, together with reasons	Non
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 2
	14b	Why the trial ended or was stopped	/
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui pg 4 table 3
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui table 3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Oui table 2
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	/
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 4
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 4
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 4 et 5
Other information			
Registration	23	Registration number and name of trial registry	Non
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 5

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CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Roberts**	
	1a	Identification as a randomised trial in the title	Non
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1 et 2
	2b	Specific objectives or hypotheses	Oui pg 2
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 3
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 3
	4b	Settings and locations where the data were collected	Oui pg 3
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 3
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 3 et 4
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Non
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 3
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 3
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 3
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 3
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	/
	11b	If relevant, description of the similarity of interventions	Oui pg 3
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 4 et 5
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	/
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui pg 5 table 3
	13b	For each group, losses and exclusions after randomisation, together with reasons	Non partiel pg 5 et 7 pr MG
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Non
	14b	Why the trial ended or was stopped	Non
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui table 3
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui ? en fonction de fig 1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui pg 5 table 4 et 5
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Oui pg 5 table 4 et 5
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	/
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 7
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 7
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 7
Other information			
Registration	23	Registration number and name of trial registry	Non
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 1

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Little 2005 (Information leaflets and antibiotic prescribing strategies)**	
	1a	Identification as a randomised trial in the title	Oui
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1 et 2
	2b	Specific objectives or hypotheses	Oui pg 2
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 2, 3 et 6
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Oui résumé
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2 et 3
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Non
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 2
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 2
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 2
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 2
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 2
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Oui pg 2 et 3 (investigateurs)
	11b	If relevant, description of the similarity of interventions	/
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 3
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui pg 3
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui table 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Non
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 3
	14b	Why the trial ended or was stopped	/
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Non table 1 incomplète
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Non
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui table 2 et 3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	/
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Oui pg 5 et 6
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 6
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 6 et 7
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 6 et 7
Other information			
Registration	23	Registration number and name of trial registry	Non
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 7

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CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Platts 2005**	
	1a	Identification as a randomised trial in the title	Oui pg 1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui pg 1
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1
	2b	Specific objectives or hypotheses	Oui pg 2
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Non
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Oui pg 2 et 3
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 2 et 3
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 2
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 2
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 2
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 2
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Non
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	/
	11b	If relevant, description of the similarity of interventions	/
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 3
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui pg 3
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui pg 3 et 4 fig 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Oui fig 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 2
	14b	Why the trial ended or was stopped	/
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui pg 5 table I
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui table II
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Non
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Non
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Oui pg 5
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Oui pg 5
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Non
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 6 (mullet)
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 5 et 6
Other information			
Registration	23	Registration number and name of trial registry	Non
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 6

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CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Coudeyre 2007**	
	1a	Identification as a randomised trial in the title	Oui
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 3 et 4
	2b	Specific objectives or hypotheses	Oui pg 2
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 2
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Non
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2 et 3
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 2 et 3
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 3
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 2
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	/ raisons pg 7
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	/
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 3
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	/

	11b	If relevant, description of the similarity of interventions	/
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 3
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui pg 3
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui fig 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Non
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Non
	14b	Why the trial ended or was stopped	Non
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui Table 1 et 2
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui Table 3
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui table 3 et pg 3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Non
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Oui Table 3 et pg 3
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 6
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 4, 5 et 6
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 4, 5 et 6
Other information			
Registration	23	Registration number and name of trial registry	Oui pg 1
Protocol	24	Where the full trial protocol can be accessed, if available	Oui pg 8
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 1

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CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Francis 2009**	
	1a	Identification as a randomised trial in the title	Oui pg 1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui pg 1
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1 et 2
	2b	Specific objectives or hypotheses	Oui pg 2
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 2
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Oui pg 2
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui, pg 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 3
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 2
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 2
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 2
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 2
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 2
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Oui pg 3

	11b	If relevant, description of the similarity of interventions	/
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui, pg 3
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui, pg 3
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui fig 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Oui fig 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 3
	14b	Why the trial ended or was stopped	Oui pg 3
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui table 2
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui pg 4 (table 2 partiel)
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Oui pg 4
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Oui pg 4
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 5
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 6
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 6 et 7
Other information			
Registration	23	Registration number and name of trial registry	Oui pg 1
Protocol	24	Where the full trial protocol can be accessed, if available	Oui réf 27
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 7

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CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Arnold 2009**	
	1a	Identification as a randomised trial in the title	Oui
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1
	2b	Specific objectives or hypotheses	Oui pg 1
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui pg 1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Non
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui pg 2
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 2 et 3
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 2
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 2
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 2
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 2
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Oui pg 2

	11b	If relevant, description of the similarity of interventions	Oui pg 2
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 3
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	/
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui pg 2 patient flow
	13b	For each group, losses and exclusions after randomisation, together with reasons	Oui pg 2
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 3
	14b	Why the trial ended or was stopped	/
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui pg 3
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui pg 3
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui pg 3 et 4
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Oui pg 4
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	/
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 5
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 5
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 4 et 5
Other information			
Registration	23	Registration number and name of trial registry	Oui pg 1
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 6

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Sustersic 2012**	
	1a	Identification as a randomised trial in the title	Oui, pg 1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Oui, pg 1
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Oui pg 1
	2b	Specific objectives or hypotheses	Oui pg 2
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Oui, pg 2+ résumé
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	/
Participants	4a	Eligibility criteria for participants	Oui pg 2
	4b	Settings and locations where the data were collected	Oui pg 2
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Oui pg 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Oui, pg 2 et 3
	6b	Any changes to trial outcomes after the trial commenced, with reasons	/
Sample size	7a	How sample size was determined	Oui pg 3
	7b	When applicable, explanation of any interim analyses and stopping guidelines	/
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Oui pg 2
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Oui pg 2
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Oui pg 2
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Oui pg 2
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	/

	11b	If relevant, description of the similarity of interventions	/
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Oui pg 4
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Oui pg 4
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Oui fig 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Oui fig 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Oui pg 2
	14b	Why the trial ended or was stopped	/
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Oui table 3
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Oui table 4 et 5
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Oui table 4 et 5 et 6
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Oui table 4
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Oui pg 5
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	/
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Oui pg 6
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Oui pg 6
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Oui pg 6
Other information			
Registration	23	Registration number and name of trial registry	Oui pg 1
Protocol	24	Where the full trial protocol can be accessed, if available	Non
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Oui pg 7

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

6. Annexe 6 : Checklist PRISMA

PRISMA 2009 Checklist

Section/topic	#	Fox	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Oui
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Oui sf registration number
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Oui pg 1 et 2
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Oui pg 2 (?)
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Non
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Oui pg 2 et table 2 mais pas de raisons
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Oui pg 2 sf dernière recherche
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Oui annexe pg 9
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Non
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Non
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Non
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Oui pg 2
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	Oui table 2 ?
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	/

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Non fait
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	/
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Non partiel 264➔9 inclus
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Oui table 2
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	/
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Oui table 2
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	/
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	/
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	/
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Oui pg 7
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Oui pg 7 et 8
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Oui pg 7
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Non

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000 doi:10.1371/journal.pmed1000097

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PRISMA 2009 Checklist

Section/topic	#	Henrotin	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Oui
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Oui
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Oui pg 1
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Oui pg 2
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Non
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Oui pg 2
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Non partiel pas contact ni date dernière recherche
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Non juste mots clés utilisés
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Oui pg 2
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Oui pg 2
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Oui pg 2 (critères d'inclusion)
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Oui pg 2
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	/
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	/

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Non
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	/
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Non pas de flow chart
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Oui pg 2, 4, 5, 6 et 7
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Non pas d'évaluation du risque de biais
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Non
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	/
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	/
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	/
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Oui pg 7
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Oui pg 8
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Oui pg 8
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Oui pg 1

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000
doi:10.1371/journal.pmed1000097

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PRISMA 2009 Checklist

Section/topic	#	Nicolson	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Oui
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Oui pg 1 et 2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Oui pg 2 et 3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Oui résumé, pg 2, 3 et 4
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Oui pg 4 et 5 réf pg 61
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Oui annexe études incluses
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Oui pg 5 mais partiel
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Oui Annexe 1
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Oui pg 4
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Oui pg 5 et 6
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Oui pg 5
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Oui pg 6 et 7 (Cochrane handbook)
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	Non ?
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	Oui pg 6

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	/
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Oui pg 6
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Oui pg 6 et annexes pg 23
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Oui annexes pg 23
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Oui annexes pg 23
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Non pas b)
Synthesis of results	21	Present the main results of the review. If meta-analyses are done, include for each, confidence intervals and measures of consistency.	Non
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Oui annexe pg 23
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	/
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Oui pg 11 et 12
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Oui pg 12
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Oui pg 12
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Oui pg 62

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000
doi:10.1371/journal.pmed1000097

PRISMA 2009 Checklist

Section/topic	#	Forster	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Oui
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Oui
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Oui pg 2 et 3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Oui pg 3
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Oui pg 127 (partiel)
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Oui pg 3 et annexes pg 27
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Oui sf dernière recherche
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Oui pg 117
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Oui pg 4
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Oui pg 5
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Oui pg 4 et annexes pg 27
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Oui pg 5
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	Non ?
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	Oui pg 5

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Oui pg 5
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Oui pg 6
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Oui pg 6 et annexes pg 27
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Oui annexes pg 27
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Oui annexes pg 27
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Non
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Oui section résultats
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Oui annexes pg 27
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Oui section résultats
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Oui pg 15
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Oui pg 15 et 16
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Oui pg 16
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Oui pg 128

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000
doi:10.1371/journal.pmed1000097

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7. Annexe 7 : Caractéristiques des articles inclus

RCT	Titre	Auteur, année, revue	Domaine	Population	Nb sujets	Intervention	Objectifs	Résultats principaux
1	RCT of an educational booklet for patients presenting with back pain in general practice	Roland, Dixon 1989, Journal of the Royal college of GP	Maladie chronique	générale (16 à 64 ans)	1096	Distribution par le MG de la version initiale du *Back Book* et envoi d'un questionnaire par la poste 1 an après l'inclusion ou soins usuels.	impact du livret sur la diminution : 1) du taux de reconsultation 2) des arrêts de travail pour lombalgie 3) d'avis spécialisés hospitaliers, 4) prescription de kinésithérapie, 5) hospitalisations, 6) chirurgies et 7) meilleures connaissances dans l'année suivant la distribution du livret	meilleures connaissances dans le groupe intervention (p<0,01), diminution des consultations pour lombalgie à partir de la 3ème semaine et sur toute l'année de l'étude pour le groupe intervention (35,6% vs 42,2% ; p<0,05). Pas de différence concernant les arrêts de travail. Diminution avis kiné, hospitaliers, hospitalisations et de chirurgies mais non significative
2	A Dietary Intervention in Primary Care Practice: The Eating Patterns Study	S Beresford, 1997, Am J Public Health	Prévention	générale	2121	Distribution par le MG au cours de la consultation du livret ou soins usuels. De façon standardisée, en s'appuyant sur les bénéfices que le livret peut apporter.	Efficacité du livret pour diminuer les lipides et augmenter les fibres consommés (*Food-frequency questionnaire*, *Fat-and fiber-related behavior questionnaire*) à 3 et 12 mois. Secondaires : détermination pour le changement, l'autonomie des patients dans la préparation des repas, le taux de cholestérol total et une mesure du comportement recommandé.	Amélioration dans les 2 groupes. Lipides : à 3 mois (-1,04 ; IC[-1,67 à -0,41] ; p<0,01) et (-0,046 ; IC[-0,074 à -0,018] ; p<0,01) et 12 mois (-1,20 ; IC[-1,68 à -0,73] ; p<0,01) et (-0,044 ; IC[-0,073 à -0,016] ; p<0,01) ; Fibres : 3 mois (0,038 ; IC[0,006 – 0,069] ; p<0,05) et 12 mois (0,036 ; IC[0,011 – 0,061] ; p<0,05 ; Autonomie : tendance à une meilleure adéquation avec les comportements recommandés quelque soit le degré d'autonomie (total, partiel ou nul) et quelque soit le groupe (intervention, contrôle)
3	Effect of educational leaflets and questions on knowledge of contraception in women taking the combined contraceptive pill: randomised controlled trail	Little, 1998, BMJ	Prévention	Femmes de >17 à 45 ans (hors 1ère prescription)	636	Distribution d'une FIP format "carte bleue" ou d'une FIP du *Family Planning Assosciation* +/- séances de questions ou soins usuels. Suivi par questionnaire postal à 3 mois.	Evaluer impact de 2 types de FIP sur les connaissances des femmes sous contraception OP	amélioration des connaissances : facteurs liés à une mauvaise prise (c2=5,8 ; p=0,056) ; les actions à entreprendre (5,07 ; p=0,08) ; la contraception d'urgence (5,76 ; p=0,056) ; les connaissances des règles de prise (6,23 ; p=0,04). Kruskal-Wallis : connaissances sont améliorées quelque soit le niveau de départ (c2=33 ; p<0,001). Poser des questions aide particulièrement les femmes avec un faible niveau de connaissances.
4	The Back Home Trial ; General Practionner-Supported Leaflets May Change Back Pain Behavior	Roberts, 2002, SPINE	Maladie chronique	16 à 60 ans, lombalgies aiguës	64	Distribution de la FIP *Back Home* par le MG avec renforcement verbal versus soins usuels. Suivi à 2 jours, 2 semaines, 3, 6 et 12 mois de l'inclusion	Evaluer l'impact d'une FIP sur les connaissances, attitudes, comportements et capacités fonctionnelles	Meilleures connaissances : station assise (χ2=3,76 ; IC[1,05–13,50] ; p=0,036) et mise des chaussettes (χ2=4,87 ; IC[1,54–15,44] ; p=0,006). Non significatif après ajustement à 3 mois. Meilleur comportement : position assise (coussin dans le dos) jusqu'à 3 mois (χ2=4,89 ; IC[1,19–20,03] ; p=0,020). Non significatif après ajustement à 3 mois (χ2=3,41 ; IC[0,67–17,38] ; p=0,119). Techniques de relevage tout au long des évaluations à 12 mois (χ2=4,57 ; IC[1,28–16,27] ; p=0,016). Non significatif après ajustement (IC[0,97–21,45]).
5	Information Leaflet and Antibiotic Prescribing Strategies for Acute Lower Respiratory Tract Infection. A Randomized Controlled Trial	Little, 2005, JAMA	Maladie aigüe	Patients de plus de 3 ans en médecine générale	807	FIP sur histoire naturelle + 3 stratégies de prescription d'antibiotiques : aucune, immédiate, retardée versus groupe contrôle (soins usuels)	sévérité et la durée des symptômes (toux, dyspnée, expectoration, troubles du sommeil, bien-être et modification des activités), la satisfaction et l'utilisation des antibiotiques par les patients ; et d'autre part les croyances des patients quant à l'efficacité des antibiotiques	Taux de reconsultation 63% plus élevé dans le groupe intervention (1,63 ; IC[1,07-2,49] ; p=0,02). Pas de différence quant à l'utilisation des antibiotiques entre les groupes (p=0,58)
6	Can self-care health books affect amount of contact with the primary health care team? A randomised controlled trial in general practice	A Platts, 2005, Scandinavian Journal of Primary Health Care	Prévention	Population générale plutôt favorisée	1967	Distribution de 2 types de livres par le MG en consultation versus soins usuels	Les problèmes de santé, l'utilisation des services de santé, la lecture et l'utilisation des livres par auto-questionnaire à 3 et 12 mois de suivi.	Capacité à gérer un problème de santé seuls, 57% des deux groupes « livres » répondent « plutôt » et 13%du groupe contrôle « plutôt pas » (p<0,001). Besoin de contacter le cabinet par téléphone 40% des patients intervention répondent « plutôt pas » contre « plutôt » à 20% pour le groupe contrôle (p<0,001). 55% ou 42% des patients recevant un ou l'autre livre déclarent l'avoir consulté dans les 3 mois. Si absence de distribution de livre d'information médicale, environ 25% des patients interrogés ont consulté des informations écrites. Si problème de santé consultation plus fréquente d'un livre médical (69% versus 49%, p<0,001). La durée, la fréquence et les motifs des consultations de diffèrent pas entre les groupes

RCT	Titre	Auteur, année, revue	Domaine	Population	Nb sujets	Intervention	Objectifs	Résultats principaux
7	Effect of a simple information booklet on pain persistence after an acute episode of low back pain: RCT in a primary care setting	Coudeyre, 2007, PLoS ONE	Maladie chronique	Echantillon de la population française en médecine générale	2752	Distribution du "*Guide du Dos*" par le MG en consultation versus soins usuels.	Evaluer la persistance de la douleur à trois mois d'un épisode de lombalgie aiguë. Secondaires : réalisation d'une imagerie, les arrêts de travail et leur durée, la reprise du travail, la satisfaction des patients, la prévention des récidives et le traitement. Si toujours algiques : l'intensité de la douleur, le handicap, l'anxiété et la dépression.	Persistance de la douleur à 3 mois moins importante dans le groupe intervention (p=0,0131 ; IC[-6,3 à -1,0]). Pas de différence pour les croyances ou le handicap ressenti. Diminution de la consommation d'AINS (p=0,0103 ; IC[-11,3 à -3,3]) et de myorelaxants (p=0,0176 ; IC[-11,7 à -3,9]). Aucune différence concernant les demandes d'imageries, le nombre et la durée des arrêts de travail. Demande d'avis spécialisé (-4,3 ; IC[-8,0 à -0,5] ; p=0,0253) sauf lorsque l'on prend en compte l'effet de grappe (p=0,0566).
8	Effect of using an interactive booklet about childhood respiratory tract infections in primary care consultations on reconsulting and antibiotic prescribing: a cluster RCT	Nick A Francis, 2009, BMJ	Maladie aigüe	Enfants de 6 mois à 14 ans au Pays de Gales et Angleterre	558	utilisation d'un livret sur les infections respiratoires basses lors de la consultation (après formation des MG) qui est remis en fin de cs° aux parents pour être une ressource à la maison versus soins usuels	Evaluer le taux de reconsultation et de prescription d'antibiotique à 14 jours. Secondaires : la réassurance parentale, le sentiment d'efficacité parentale, leur satisfaction et l'appréciation de l'utilité de l'information reçue par les parents	Réduit le taux d'utilisation des antibiotiques par les parents (OR=0,35 ; IC[0,18-0,66]). Pas de différence pour le taux de reconsultation (idem si prise en compte des avis téléphoniques et des consultations aux urgences) (OR=0,75 ; IC[0,41-1,38] ; intention de reconsulter pour le même motif si l'enfant présente la même maladie (OR=0,34 ; IC[0,20-0,57]). Il n'y a pas de différence significative en ce qui concerne la réassurance parentale (OR=0,84 ; IC[0,57-1,25]) ou le sentiment d'efficacité parentale entre les deux groupes (OR=1,20 ; IC[0,84-1,73]).
9	Information sheets for patients with acute chest pain: randomised controlled trial	Jane Arnold, 2009, BMJ	Urgences	>25 ans	702	En fonction du type de DT (4 groupes) remise d'une FIP adaptée par le professionnel puis évaluation 1 mois après par questionnaire postal versus soins usuels	Evaluer l'impact d'une FIP sur l'anxiété la dépression, la qualité de vie, satisfaction, survenue d'un nouvel épisode, changement de comportement (mode de vie), recherche d'autres informations complémentaires ailleurs	diminution de l'anxiété (p=0,015 ; IC[0,20-1,84]) et de dépression (p=0,002; IC[0,41-1,86]). Sentiment bonne santé (p=0,006 ; IC[1,6-9,3]). Pas de différence pour les tentatives d'arrêt du tabac (0,1% ; p=0,984 ; IC[-14% à 14,2%]), d'augmenter les exercices physiques (2,0% ; p=0,728 ; IC[-6,7% à 10,7%]), modifier alimentation (1,5% ; p=0,318 ; IC[-6,9% à 9,8%]), la recherche d'informations (2,5 ; p=0,550 ; IC[-5,7à 10,6]), les intentions en cas de récidive (p=0,937), ni la prévalence de récidive de DT (0,2% ; p=0,970 ; IC[-9,5% à 8,9%]), ni la sévérité de la douleur ressentie (0,1 ; p=0,610 ; IC[-0,2 à 0,4]). Meilleure santé mentale (p=0,007 ; IC[1,4-9,2]) et une tendance vers une amélioration des scores concernant le fonctionnement social (3,8 ; p=0,095 ; IC[-0,7 à 8,4]) et l'énergie/vitalité (3,7 ; p=0,079 ; IC[-0,4 à 7,8]).
10	Impact of information leaflets on behavior of patients with gastroenteritis or tonsilitis: a cluster randomized trial in french primary care	Sustersic, 2013, J Gen Intern Med	Maladie aigüe	Générale en France	400	Remise d'une FIP (ayant servi pendant la consultation) en fonction des symptômes des patients par le MG puis évaluation à 10-15 jours versus soins usuels.	Evaluer l'impact des FIPs sur les connaissances et les comportements des patients	Meilleures connaissances pour groupe FIP (p<0,01 ; OR=5,0 ; IC[1,9-13,2]) ; surtout les patients adultes (p<0,01) de plus de 40 ans (OR=2,23 ; p=0,04) et chez les travailleurs (OR=2,18 ; p=0,05). FIP ont un comportement plus adapté à 71,8% contre 43,0% (p<0,01 ; OR=5,0 ; IC[2,6-9,4]). Les adultes FIP ont plus fréquemment un comportement recommandé que les autres (p<0,01) ; plus de 40 ans (OR=2,16 ; p=0,02). Les travailleurs moins bon comportement (OR=0,44 ; p=0,02). Même tendance mais pas significatif pour le sous groupe des enfants accompagnés par un adulte. Les membres de la même famille d'un patient FIP, consultent moins pour les mêmes symptômes (23,5% versus 56,2% ; p<0,01). Dans le groupe contrôle, les adultes accompagnant un enfant ont un comportement plus adapté que les adultes consultant seul (p<0,01). Pas de différence s'ils reçoivent une FIP.

RL	Titre	Auteur, année, revue	Domaine	Bases de données principales	Nb d'études	Type d'études et interventions retenues	Objectifs	Résultats principaux
11	Information and Low Back Pain Management ; A Systematic Review	YE Henrotin, 2006, SPINE	Maladie chronique	MEDLINE, PsychINFO et EMBASE	13	ECRs ou études contrôlées prospectives testant l'information écrite et/ou audio-visuelle	Evaluer l'impact d'une information sur le traitement et la prévention des lombalgies aiguës et déterminer quel type d'information est le plus efficace.	Amélioration des connaissances : grade A (3 ECRs de haute qualité et 2 ECRs de faible qualité) ; encore mieux si avec support vidéo si connaissances faibles au départ. Attitudes : meilleures si conseils avisés fournis avec FIP (grade B, 1 ECR de haute qualité et 1 de faible qualité) ; doute si croyances (grade C, 2 études prospectives, 1 ECR de faible qualité et 1 ECR de haute qualité) ; Comportement : pas de diminution de l'absentéisme (grade A, 1 ECR de faible qualité et 2 de haute qualité), meilleur sur compliance si conseils avisés (grade B, 1 ECR de haute qualité et 1 de faible qualité) ; pas de meilleure utilisation des ressources de santé (grade A, 1 ECR de faible qualité et 4 de haute qualité) et doute pour limiter les conséquences futures et permettre de maintenir les activités physiques (grade C, 2 études prospectives, 1 ECR de faible qualité et 1 ECR de haute qualité).
12	Informed choice in screening programmes: Do leaflets help? A critical literature review	R Fox, 2006, Journal of Public Health	Prévention	MEDLINE, EMBASE, CINAHL, le BRITISH NURSING INDEX, THE COCHRANE LIBRARY	9	ECRs en langue anglaise	Evaluer la contribution des FIPs dans le choix éclairé des patients candidats à un programme de dépistage	Amélioration significative des connaissances dans 5 études/7 dans le dépistage du cancer de la prostate, le dépistage génétique ; aucune différence n'est retrouvée en ce qui concerne le dépistage anténatal ; Diminution de l'intention pour 4 études/9 (prostate, pancréas); pas de différence pour le dépistage génétique et anténatal. Choix éclairé : mieux pour 1 étude (prostate), idem pour 1 étude (anténatal). Pas de différence significative dans les taux de passage des tests de dépistage en fonction de la remise d'une information écrite ou non quelque soit le type de dépistage
13	Written information about individual medicines for consumers (Review)	DJ Nicolson, 2011, The Cochrane Library	/	MEDLINE, THE COCHRANE LIBRARY, COCHRANE CONSUMERS AND COMMUNICATION GROUP, EMBASE, CINAHL, PsychINFO et WEB OF SCIENCE	25	ECRs (intra ou extrahospitalier) où l'information écrite est comparée à un groupe contrôle ou une intervention alternative (différents types de fiches informations) et quelque soit la source d'information initiale	Evalue l'impact de la remise d'une information écrite à propos de traitements médicamenteux (prescrits ou en vente libre) sur les connaissances (résultat principal), attitudes et comportements des patients	Amélioration des connaissances dans 6 études/12 (surtout si FIP adaptée à la population); résultats mixtes 3/12 et non significatifs pour 3/12. Secondaires : effets indésirables : 3/6. Attitudes : 1 étude meilleure compréhension des informations, utilité, impression d'avoir suffisamment d'information et diminution des inquiétudes. Si risques avant les bénéfices, meilleure intention de prendre le traitement (p=0,02) ; forme dactylographiée (contre numérique) plus d'impact sur la prise de décision est plus important (p<0,05). Comportement : 8 études dont 6 compliance : plus élevée chez les patients ayant reçu une information écrite. Effets secondaires : une étude retrouve un taux plus élevé dans le groupe intervention. Pas de différence quant à l'arrêt du traitement entre les groupes. Aucune des 2 études testant l'effet de différents types de fiches d'information sur le comportement ne retrouve de résultat significatif.
MA	**Titre**	**Auteur, année, revue**	**Domaine**	**Bases de données principales**	**Nb d'études**	**Type d'études et interventions retenues**	**Objectifs**	**Résultats principaux**
14	Information provision for stroke patients and their caregivers (Review)	A Forster, 2011, The Cochrane Library	Urgences	MEDLINE, THE COCHRANE LIBRARY, CENTRAL, EMBASE, CINAHL et PsychINFO	21	essais randomisés sans restriction de langue ; FIP comparée aux soins usuels ou FIP et autre intervention comparée uniquement à l'autre intervention (différence entre information active et passive)	l'impact des 2 types d'intervention chez les patients ayant subi un AVC ou AIT et/ou l'aidant principal sur les connaissances et les soins. Secondaires : activités de la vie quotidienne, participation, activités sociales, perception de l'état de santé, qualité de vie, satisfaction, admissions hospitalières ou contacts avec un professionnel de santé, compliance, décès ou l'institutionnalisation et coût global	Connaissances en faveur du groupe intervention des patients (SMD 0,29 ; IC[0,12-0,46], p<0.001 et des aidants (SMD 0,74 ; IC[0,06-1,43], p=0,03). Attitudes : détresse psychologique des aidants (4 études) : pas de différence entre les groupes (OR=1.13 ; IC[0.65-1.97], p=0.65) ; aucune différence sur la qualité de vie et la perception de l'état de santé entre les groupes (sauf pour 1 étude concernant les aidants). Comportements : Anxiété : pas de différences si binaire :(OR=0,89 ; IC[0,57-1,38], p=0,60) ou continue : (MD -0.34 ; IC[-1,17 à 0,50] ; p=0,43). Information active a plus d'impact. Dépression : pas de différences si binaire (OR=0,90 ; IC[0,61-1,32] ; p=0,59), amélioration si continue (MD -0,52 ; IC[-0,93 à -0,10] ; p=0,01). Analyses secondaires aucune différence significative entre les groupes pour : les activités de la vie quotidienne ; la participation ; les activités sociales ; l'utilisation des services de soins ; la modification du comportement par rapport à sa santé ou réduction du risque (diététique, compliance au traitement, arrêt du tabac…). Concernant le surmenage chez les aidants, une étude active retrouve un résultat statistiquement significatif (avec p=0,0001) à 12 mois de suivi. Dans les 2 autres études (1 active, 1 passive) aucune différence n'est retrouvée

8. Annexe 8 : Echelle PRISMA de notre revue de littérature

PRISMA 2009 Checklist

Section/topic	#		Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	oui
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	oui
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Oui pg 4
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Oui pg 4
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Oui pg 116
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Oui pg 6
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Oui pg 5, 6 et 7
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Oui annexes 1 et 3
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Oui pg 6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Oui pg 7 et 8
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Oui pg 7
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Oui pg 8
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	/
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	/

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Oui pg 8
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	/
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Oui pg 10
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Oui annexe 4 et section résultats
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Oui annexe 5 et 6
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Oui paragraphe résultats
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Oui pg 22 à 32
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Oui annexe 5 et 6
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	/
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Oui pg 36 à 41
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Oui pg 34 et 35
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Oui pg 41 et 42
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Oui pg 116

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e100(doi:10.1371/journal.pmed1000097

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RESUME

CONTEXTE : La communication détermine l'efficacité des soins en médecine générale. Les FIPs connaissent un développement important par leur facilité d'utilisation et leur faible coût. **OBJECTIF** : Evaluer l'impact de la remise d'une FIP lors d'une consultation sur les connaissances, attitudes et comportements des patients en médecine de premier recours. **METHODE** : Revue de littérature interrogeant les principales bases de données : MEDLINE, COCHRANE LIBRARY, WEB OF SCIENCE, EMBASE. Nous avons inclus les essais contrôlés randomisés (ECRs), revues de la littérature et métanalyses, en validant leur qualité méthodologique selon les échelles *CONSORT 2010* ou *PRISMA 2009*. **RESULTATS :** 1114 publications (178 doublons) ont été étudiées. Après lecture des titres, résumés, méthodes et textes intégraux, 14 articles ont été retenus ; répartis en 10 ECRs, 3 revues de la littérature et 1 métanalyse. Les essais contrôlés randomisés révèlent une amélioration essentiellement portée sur les connaissances. Concernant la modification des attitudes ou des comportements, cela est moins probant. L'impact varie en fonction du domaine et des pathologies rencontrées ainsi que des populations visées. Les revues de littérature et métanalyse viennent confirmer ce propos. **LIMITES :** Ce travail présente certains biais. Par exemple, les bases de données n'ont pas été interrogées en langage naturel ; ou encore l'inclusion des articles a été approuvée lors de séances de travail communes. **CONCLUSIONS :** Les FIPs sont des outils intéressants, facilement disponibles et appréciés. Faire évoluer les attitudes ou les comportements passe par une relation de qualité. L'information écrite sur ces domaines viendrait en complément. Plusieurs pistes de réflexion s'ouvrent alors : évaluer l'impact de l'intégration des FIPs au logiciel métier des médecins sur leurs pratiques et leurs comportements ou connaître l'avis des patients sur cette pratique par une étude qualitative.

ABSTRACT

BACKGROUND : Communication determines the effectiveness of care in medicine. The PILs are experiencing significant development owing to their ease of use and low cost. **OBJECTIVE :** To evaluate the impact of the delivery of a PIL during the consultation on the knowledge, attitudes and behaviour of patients in primary care. **METHODS :** Review of the literature searching the major databases: MEDLINE, COCHRANE LIBRARY WEB OF SCIENCE, EMBASE. We included randomized controlled trials (RCTs), literature reviews and meta-analysis and validated their methodological quality according to the scales *CONSORT 2010* or *PRISMA 2009*. **RESULTS :** 1114 publications (178 duplicates) were studied. After reading the titles, abstracts, methods and full texts, 14 articles were selected; divided into 10 RCTs, 3 literature reviews and 1 meta-analysis. RCTs show an improvement, primarily in knowledge. It is less convincing for changes in attitudes and behaviours. The impact varies depending on the field and pathologies as well as target populations. Literature reviews and meta-analysis confirm this. **LIMITATIONS :** This work presents some bias. For example, the databases have not been surveyed in natural language; or the inclusion of studies was approved in collective working meetings. **CONCLUSIONS :** FIPs are interesting tools, readily available and appreciated. High-quality relationship between GP and patients are needed to change attitudes or behaviours and written information would be a complement to it. New areas could be explored such as: assessment of the impact of integrating FIPs into the physicians' professional software on their methods and behaviours or seeking views from patients on this practice by doing a qualitative study.

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Protocole : disponible dans la section « Méthode » de notre travail. Il n'a pas été préalablement publié. Notre travail n'a pas été déclaré auprès d'un registre officiel en vue d'une publication.